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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information,

General instruin the first tab			3-2-21	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOU	NTING PERIOD COVERED I	BY THIS STATEMENT: (YY	'YY/(Period))	
	20	20/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		20202	Barcode Data Filing Period (optiona	I - see instructions)	
Period					
В	Giv	structions: ve the full legal name of the owner of th e subsidiary, not that of the parent corp		diary of another corporation, give the full corp	porate title of
Owner	Lis	t any other name or names under which	n the owner conducts the business of th	ne cable system.	
		here were different owners during the a temperature of account and royalty fee payn	.	he last day of the accounting period should su riod.	bmit a single
	Ch	eck here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	37806
	L	EGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	TR	RUVISTA COMMUNICATIONS OF G	GEORGIA LLC		
	в	JSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	M	AILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		.O. BOX 160			
		umber, street, rural route, apartment, or suite n HESTER, SC 29706	lumber)		
		ty, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System	IDE	ENTIFICATION OF CABLE SYSTEM:			
	1 <mark>Т</mark>	RUVISTA			
	MA	AILING ADDRESS OF CABLE SYSTEM	:		
	2 (NU	mber, street, rural route, apartment, or suite n	umber)		
	785	ty, town, state, zip code)			
		וא, וטאוו, גומופ, צוף נטעפן			
Privacy Act Notic	ce: Section 111	1 of title 17 of the United States Code aut	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reques	ted on this
1 1					

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

DATE RECEIVED

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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TRUVISTA COMMUNICATIONS OF GEORGIA LLC	37806
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communitorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	" is the same as a "community unit" as defined in FCC rules: "a unities within unincorporated areas and including single, discrete re as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	me parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First Community		GA
Community	TOCCOA FALLS LAVONIA	GA GA
d Rows as Necessary	ROYSTON	GA
u Rows as necessary	STEPHENS COUNTY	GA

	LEGAL NAME OF OWNER OF C	ARI E SVOTEM.						CV 2	
Name			GEORO	SIA LLC				510	3780
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission	service of	the cable	
—	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p	bay cable) in sp	ace F, n	ot here. All the	facts you	u state must be			
Transmission	last day of the accounting period Number of Subscribers: Both							brokon	
Service: Sub- scribers and	down by categories of secondary	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv							and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				ly standa		5 Within a		
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.		J						
	BLC	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,775	38.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		890	14.88					
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	;				
F	In General: Space F calls for rate		,		•	• •			
•	not covered in space E, that is, t service for a single fee. There a						-		
Services	furnished at cost or (2) services	•			•		0.	•	
Other Than	amount of the charge and the ur		usually I	oilled. If any ra	tes are ch	narged on a var	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	system for ea	ch of the	applicable servi	ces listed		
ranemiceione								were not	
Transmissions: Rates	Block 2: List any services that	t your cable sys		nished or offer	ed during	the accounting		e form of a	
	listed in block 1 and for which a	separate charg		ade or establi	0	Ũ	vices in th		
		separate charg		ade or establi	0	Ũ	vices in th		
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO(le the rat CK 1	ade or establi e for each.	shed. List	Ũ	vices in the	BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg ption and includ BLO(le the rat CK 1 CATEG	ade or establi e for each. ORY OF SER	shed. List	Ũ		BLOCK 2 ORY OF SERVICE	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg otion and includ BLOC RATE	e the rat CK 1 CATEG Installa	ade or establi e for each. ORY OF SER tion: Non-res	shed. List	these other ser			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and includ BLO(le the rat CK 1 CATEGO Installat • Mote	ade or establi e for each. DRY OF SER' tion: Non-res	shed. List	these other ser			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg otion and includ BLOC RATE	le the rat CK 1 CATEG Installat • Mote • Com	ade or establi e for each. DRY OF SER ¹ tion: Non-resi el, hotel imercial	shed. List	these other ser			RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg otion and includ BLOC RATE	CK 1 CATEGO Installar • Moto • Com • Pay	ade or establi e for each. DRY OF SER' tion: Non-resi el, hotel imercial cable	/ICE dential	these other ser			RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	separate charg otion and includ BLOC RATE	e the rat CK 1 CATEGO Installar • Mote • Corr • Pay • Pay	ade or establi e for each. DRY OF SER' tion: Non-resi el, hotel imercial cable cable	/ICE dential	these other ser			RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg bition and includ BLOC RATE 12.99	e the rate CK 1 CATEG Installar • Mote • Corr • Pay • Pay • Fire	ade or establi e for each. DRY OF SER' tion: Non-resi el, hotel mercial cable cable-add'l ch protection	/ICE dential	these other ser			RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg bition and includ BLOC RATE 12.99 39.99	e the rate CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg	ade or establi e for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	/ICE dential	these other ser			RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg bition and includ BLOC RATE 12.99 39.99	e the rat CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s	ade or establi e for each. DRY OF SER' tion: Non-resi el, hotel mercial cable cable-add'l ch protection	/ICE dential	RATE			RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg bition and includ BLOC RATE 12.99 39.99	e the rat CK 1 CATEGO Installar • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec	ade or establi e for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection glar protection ervices:	/ICE dential	these other ser			RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg bition and includ BLOC RATE 12.99 39.99	e the rat CK 1 CATEGO Installar • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco • Disc	ade or establi e for each. DRY OF SER' tion: Non-resi el, hotel mercial cable cable-add'l ch protection plar protection ervices: ponnect	/ICE dential	RATE			RAT

ne	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE	
	TRUVISTA COMMUN	ICATIONS OF GEORGIA LLC		37	
	PRIMARY TRANSMITTERS:				
}		entify every television station (including tr m during the accounting period, except (
	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network progra	ms [sections	
ary hitters:		e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph.	(e)(2) and (4))]; and (2) certain stat	ions carried on a	
ision		With respect to any distant stations can ules, regulations, or authorizations:	ried by your cable system on a sub	stitute program	
	• Do not list the station her	e in space G—but do list it in space I (the	e Special Statement and Program L	.og)—if the	
	station was carried only orList the station here, and	also in space I, if the station was carried	both on a substitute basis and also	on some other	
		on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro			
	multicast stream associate	d with a station according to its over-the-	c		
	"WETA-2" as the same on Column 2: Give the chann	the form. el number the FCC assigned to the telev	ision station for broadcasting over t	he air in its community	
	•	/RC is channel 4 in Washington, D.C. n case whether the station is a network st	ation. an independent station. or a	noncommercial	
	educational station, by enter	ering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indepe	endent), "I-M"	
	For the meaning of these to	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	tions in the paper SA1-2 form.		
		on of each station. For U.S. stations, list t dian stations, if any, give the name of the			
		dian stations, in any, give the name of the		is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WAGA	27		ATLANTA, GA	
	WAGA HD	27.1	I-M	ATLANTA, GA	
Necessary	WGCL	19	<u>N</u>	ATLANTA, GA	
,	WGTV	7	E		
				ATHENS, GA	
	WGTV HD	7.1	E-M	ATHENS, GA	
	WGTV HD WMYA	35	E-M I	ATHENS, GA ANDERSON, SC	
	WGTV HD WMYA WMYA-MYTV	35 35.1	E-M I I	ATHENS, GA ANDERSON, SC ANDERSON, SC	
	WGTV HD WMYA WMYA-MYTV WPCH	35 35.1 31	E-M I I I	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA	
	WGTV HD WMYA WMYA-MYTV WPCH WSB	35 35.1 31 32	E-M I I I N	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA	
	WGTV HD WMYA WMYA-MYTV WPCH	35 35.1 31	 	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA	
	WGTV HD WMYA WMYA-MYTV WPCH WSB	35 35.1 31 32	 N	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD	35 35.1 31 32 32.1	I I I N N-M	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF	35 35.1 31 32 32.1 30	I I N N-M N	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA GREENVILLE, SC	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF WYFF HD	35 35.1 31 32 32.1 30 30.1	I I N N-M N-M	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA GREENVILLE, SC GREENVILLE, SC	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF WYFF HD WYFF HD	35 35.1 31 32 32.1 30 30.1 30.2	I I N N-M N N-M I-M	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF WYFF HD WYFF-METV WSB-RETRO TV	35 35.1 31 32 32.1 30 30.1 30.2 32.2	I I N N-M N N-M I-M	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC ATLANTA, GA	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF WYFF HD WYFF-METV WSB-RETRO TV WGGS	35 35.1 31 32 32.1 30 30.1 30.2 32.2 2	I I N N-M N N-M I-M	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC ATLANTA, GA GREENVILLE, SC	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF WYFF HD WYFF-METV WSB-RETRO TV WGGS WHNS	35 35.1 31 32 32.1 30 30.1 30.2 32.2 2 17	I I I N N-M N N-M I-M I-M I I I	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF WYFF HD WYFF-METV WSB-RETRO TV WGGS WHNS WHNS HD	35 35.1 31 32 32.1 30 30.1 30.2 32.2 2 17 17.1	I I I N N-M N-M I-M I-M I I I I I I I	ATHENS, GA ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF WYFF HD WYFF-METV WSB-RETRO TV WGGS WHNS WHNS HD WHNS HD	35 35.1 31 32 32.1 30 30.1 30.2 32.2 2 17 17.1 17.1 17.2	I I I N N-M N N-M I-M I-M I I I I I I I I I I I I I I I	ATHENS, GA ANDERSON, SC ANDERSON, SC ANDERSON, SC ATLANTA, GA ATLANTA, GA ATLANTA, GA GREENVILLE, SC GREENVILLE, SC	
	WGTV HD WMYA WMYA-MYTV WPCH WSB WSB HD WYFF WYFF HD WYFF-METV WSB-RETRO TV WGGS WHNS WHNS HD WHNS HD	35 35.1 31 32 32.1 30 30.1 30.2 32.2 2 2 17 17 17.1 17.2 13	I I I N N-M N-M I-M I-M I I I I I N	ATHENS, GAANDERSON, SCANDERSON, SCANDERSON, SCATLANTA, GAATLANTA, GAATLANTA, GAGREENVILLE, SCGREENVILLE, SC	

OMMUNIC	ATION						
		S OF GEORGIA LLC					3780
every radio s	tation ca						н
it is carried by monitoring, to rmation abou m. entify the call rate whether to the radio stati this by placing tive the station	y the syst be receivent t the Co sign of e he statio g a check a's location	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se ed by the FCC) it can b ertain sta eneral in parate a	ne expected, ated intervals. structions in the.	Primary Transmitters Radio
					S/D		
AM OF FM	S/D	LUCATION OF STATION	CALL SIGN	AIVI OF FM	5/D	LUCATION OF STATION	
			·				
			·				
			·				
	every radio s those signals tions Concer it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing ive the station	those signals were gen tions Concerning All it is carried by the sys nonitoring, to be recei- irmation about the Co m. entify the call sign of e tate whether the statio the radio station's sign this by placing a check ive the station's location adian stations, if any,	every radio station carried on a separate and discre- those signals were generally receivable by your cab tions Concerning All-Band FM Carriage: Under C it is carried by the system whenever it is received at monitoring, to be received at the headend, with the s irmation about the Copyright Office regulations on t m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically process this by placing a check mark in the "S/D" column. ive the station's location (the community to which the adian stations, if any, the community with which the	every radio station carried on a separate and discrete basis and list those signals were generally receivable by your cable system during the system sequence of the system whenever it is received at the system's heat nonitoring, to be received at the headend, with the system's FM antermation about the Copyright Office regulations on this point, see page m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system is by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensiadian stations, if any, the community with which the station is identified.	every radio station carried on a separate and discrete basis and list those FM static those signals were generally receivable by your cable system during the accounting tions Concerning All-Band FM Carriage: Under Copyright Office regulations, an it is carried by the system whenever it is received at the system's headend, and (2) monitoring, to be received at the headend, with the system's FM antenna, during carriation about the Copyright Office regulations on this point, see page (v) of the gam. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a se this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC adian stations, if any, the community with which the station is identified).	every radio station carried on a separate and discrete basis and list those FM stations carr hose signals were generally receivable by your cable system during the accounting period. tions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sign it is carried by the system whenever it is received at the system's headend, and (2) it can be nonitoring, to be received at the headend, with the system's FM antenna, during certain sta- trmation about the Copyright Office regulations on this point, see page (v) of the general in m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate a this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC or, in t adian stations, if any, the community with which the station is identified).	every radio station carried on a separate and discrete basis and list those FM stations carried on an those signals were generally receivable by your cable system during the accounting period. tions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. Irrmation about the Copyright Office regulations on this point, see page (v) of the general instructions in the. m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC or, in the case of adian stations, if any, the community with which the station is identified).

Name TRUVISTA COMMUNICATIONS OF GEORGIA LLC 377 I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1.SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 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. 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 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. Use, new program. Column 3: Give the call sign of the station troadcasting the substitute program. Column 4: Give the broadcast station's location (the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, th	Accounting Perio	-						FOF	RM SA1-2E. PAGE 5.
I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further specific present and former FCC rules, regulations, or authorizations. For a further to a rubating the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program. broadcast by a distant station? Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program. broadcast by a distant station? • 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. • 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 substitute program. Column 2: Give the call sign of the station broadcasting the substitute program. Column 3: Give the calls ign of the station broadcast general instructions for further information. Do not use general calceprices like "movies" or "basketball." List specific program. Use numerals, with the month first. Example: Teffary give "57." Column 3: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 5: Sive the month and day when your system carried by a	Name				ALLC				SYSTEM ID# 37806
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Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program. broadcast by a distant station? Image: Concentration of the special system carry, on a substitute basis, any nonnetwork television program. broadcast by a distant station? 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. Image: Concentration of the special system carry, on a substitute program of the special system carry, on a substitute program of the special system carry, on a substitute program. 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. 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 ilecnsed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the times when the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was substitute program. Column 7: Enter the letter "F" if the listed program was substituted for programming that your system was required to delete under FCC rules and	I Substitute	In General: In space I, identi substitute basis during the ac	fy every non	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further
Statement and Program Log * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? VES X no 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. Image: Comparison of the program (Section of the program (Section of the program) (Section of the station is identified). Down 12: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast stations is carried the substitute program. Column 4: Give the broadcast stations is any, the community to which the station is identified). Column 4: Give the month and day when your system carried the substitute program. Column 5: Give the the times when the substitute program was carried by 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 "P" 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						general motif			2 101111.
Program Log broadcast by a distant station? YES X NO 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. 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 3: Give the call sign of the station broadcasting the substitute program. Column 3: 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 was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for delete under FCC rules and regulations in effect duri	•	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizate explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper 1 . SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program ("substitute basis, any nonnetwork television program") broadcast by a distant station? • LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their mear 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 accounter on use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Luc "NBA Basketball: T6ers 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 of the case of Mexican or Canadian stations, if any, the community with which the station is licensed, with th first. Example: is a program was substitute program was carried by your cable system was re to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed was substituted for programming that your system was re	ision progra	m					
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was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 7. REASON 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		 LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the calls Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter 	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast statio th and day "e "5/7." as when the Example: a er "R" if the	m on a separa add additional r nnetwork televi ion and that your r authorizations vies" or "baske dcast live, enter station broadca on's location (th ins, if any, the of when your syste substitute pro- program carrie	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra be community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for program	program") that d for the prog eral instruction in titles, for ex- lo." m. station is licer station is ider program. User cable system 15 p.m. to 6:2 umming that y	at, during ti ramming o ns for furth ample, "I L nsed by th httified). e numerals . List the ti 28:30 p.m. rour system	he accounting of another state her informatic love Lucy" of he FCC or, in , with the mo mes accurate should be n was <i>require</i>	g ation on. r onth ely ed
		Column 2: If the program was broa Column 3: Give the call sign of the Column 4: Give the broadcast stati the case of Mexican or Canadian stati Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulati was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	E PROGRAM	·	WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR DELETION	
			Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Image: state in the state									
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Accounting Period:	2020/2			FORMS	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA LLC			:	8YSTEM ID# 37806
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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 re	system's se on of how to	condary transmi	ssion service mount, see \$4	15,243.50 pross receipts)
L 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	in \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	u must pay for th	is 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 I	ines 1 and 2		· · <u> </u>	<u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	. \$	263,800.00		
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	415,243.50		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	151,443.50		
	4. Multiply line 3 by .01		\$	1,514.44	
	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 .		\$	2,833.44
	FILING FEE AND TOTAL REMITTANCE D	UE			
 _					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,833.44	
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			\$	2,853.44
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				jhts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MMUNICATIONS OF GEOR	RGIA LLC			SYSTEM ID# 37806
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to I number of channels on which	otal number n the cable	on which the cable system carried t r of activated channels during the a	ccounting period.	22
	on which the	Il number of activated channels cable system carried televisior dcast services	n broadcast			. 108
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		MATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	AUTUMN CASTLES			Telephone	803-581-9148
	Address	P.O. BOX 160 (Number, street, rural route, apartm CHESTER, SC 29706 (City, town, state, zip)	nent, or suite n	umber)		
	Email	ACASTLES@TF	RUVISTA.B	3IZ	Fax (optional	
ο	CERTIFICATION	This statement of account mus	st be certifie	ed and signed in accordance with C	opyright Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check on	e, but only o	one, of the boxes.)		
	(Owne	r other than corporation or pa	artnership)	am the owner of the cable system a	s identified in line 1 of space	B; or
		in line 1 of space B and that the	e owner is no	nership) I am the duly authorized age t a corporation or partnership; or		
		in line 1 of space B.		on) or a partner (if a partnership) of th		ner of the cable system
		te, and correct to the best of my		e under penalty of law that all statem information, and belief, and are mad		
			X /s	s/ Eric Ramey		-
				ctronic signature on the line above to c ure using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	name: E			
				sident - Administration & sition held in corporation or partnership)	Regulartory Affairs	
		Date:			2-24-2021	

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
IVISTA COMMUNICATIONS OF GEORGIA LLC	3780
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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