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
2/10/21	\$ 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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	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
	Darien Communications, Inc
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	POB 575 (Number, street, rural route, apartment, or suite number)
	Darien, GA 31305 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/2	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-ZE. PAGE 1b
Name	Darien Communications, Inc	62016
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you las 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 last the first community."	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
Area Served	identified city.	ionie parks snould be reported in parentneses below the
	CITY OR TOWN	STATE
First	Darien	GA
Community	McIntosh	GA
	Townsend	GA
Add Rows as Necessary		

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Darien Communications, Inc.

8YSTEM ID# 62016

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,758	15.00	Expanded		55.00
 Service to additional set(s) 					
 FM radio (if separate rate) 			Digital		18.95
Motel, hotel					
Commercial			HD		15.95
Converter					
 Residential 		4.95			
Non-residential					
					l

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	70.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	35.00		
Converter	4.95	Disconnect			
		Outlet relocation	32.00		
		Move to new address	70.00		

counting Period:	2020/2			FORM SA1-2E. PAGE				
Nome	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:				
Name	Darien Communications, Inc							
	PRIMARY TRANSMITTERS:	TELEVISION						
G		ntify every television station (including during the accounting period, except						
	FCC rules and regulations i	n effect on June 24, 1981, permitting	the carriage of certain network progra	ams [sections				
Primary Transmitters:	() ()	e)(2) and (4), or 76.63 (referring to 76.6s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain sta	tions carried on a				
Television	Substitute Basis Stations	: With respect to any distant stations o	carried by your cable system on a sul	ostitute program				
		lles, regulations, or authorizations: e in space G—but do list it in space I (the Special Statement and Program	Log)—if the				
	station was carried only on		ad basta an a cubatituta basis and ala	an agent athan				
	The state of the s	also in space I, if the station was carrie on concerning substitute basis stations						
		n's call sign. <i>Do not</i> report origination I with a station according to its over-th						
	"WETA-2" as the same on t	he form.						
		el number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community				
	Column 3: Indicate in each	case whether the station is a network						
	, ,	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	, , ,	,,				
	For the meaning of these te	rms, see page (iv) of the general instr	ructions in the paper SA1-2 form.	•				
		n of each station. For U.S. stations, lis	-	•				
	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				
dd Rows as Necessary	WASV			Savannah, GA				
	WVAN			Savannah, GA				
	WGSA	•		Savannah, GA				
	WJCL			Savannah, GA				
	11002							
	WTOC			Savanah GA				
	WIOC			Savannah, GA				
	WPXC			Brunswick, GA				
	W AG			Dialismon, OA				
	WTGS			Savannah, GA				
	WIOO			Gavannan, GA				

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Darien Communications, Inc

62016

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
		 					
		 					
		 					
		 				 	
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A	- J. 2020 /2							F01	D14 04 4 05 D4 05 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STFM:					FOI	SYSTEM ID#
Name	Darien Communication		, i Livi.						62016
	Darieli Communicatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							02010
Substitute	SUBSTITUTE CARRIAGIN General: In space I, iden substitute basis during the explanation of the programmin. SPECIAL STATEMEN	tify every non accounting p ming that mu	nnetwork televi eriod, under sp est be included	sion program ecific present in this log, so	m, broadcast by nt and former F ee page (v) of th	a distant sta CC rules, reg	ulations, c	r authorizati	ons. For a further
Special	During the accounting per	_		_	_	sis anv nonr	network te	levision pro	gram
Statement and Program Log	broadcast by a distant sta	•	u. 04.2.0 0,010.	,,		o.o, a.r.,o		YES	×NO
Program Log							4		
	Note: If your answer is "No	o , leave the	e rest or this pa	ige blank. II	your answer is	s res, your	nust com	piete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUT	F PROGRA	AMS						
	In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	stitute progra ace, please of every no a distant sta egulations, or ries like "mo . Bulls." m was broa l sign of the adcast stati nation stati inth and day ive "5/7." nes when th. . Example:	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask deast live, ent station broadd on's location (ons, if any, the when your sy e substitute pro a program car	rows to the vision progrour cable syns. See pagetball." List er "Yes." Ot asting the secommunity stem carried ogram was ried by a syn was subst	e tables. am ("substitute ystem substitut le (v) of the ger specific progra herwise enter " substitute progra ity to which the with which the d the substitute carried by your stem from 6:01	e program") the dor the program titles, for earn. e station is lide to station is lide program. Using the program to 6 pr	nat, during ogrammin ions for fuexample, 'censed by entified). se numeram. List the :28:30 p.i	g the accoung of another information of the FCC on the FCC on the FCC on the second of	nting r station nation. " or r, in month urately e
	was substituted for progra effect on October 19, 1976	mming that							program
	was substituted for progra effect on October 19, 1976	mming that	your system w	as permitte		ler FCC rules WHE	and regu	Ilations in	
	was substituted for progra effect on October 19, 1976	mming that s	your system w	as permitte		er FCC rules WHE CARRI	and regu	Ilations in	7. REASON FOR DELETION
	was substituted for progra effect on October 19, 1976	mming that s	your system w	as permitte		ler FCC rules WHE	and regu	Ilations in	7. REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y	your system w E PROGRAM 3. STATION'S	as permitte	d to delete und	WHE CARRI.	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y	your system w E PROGRAM 3. STATION'S	as permitte	d to delete und	WHE CARRI.	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progra effect on October 19, 1976	mming that y	your system w E PROGRAM 3. STATION'S	as permitte	d to delete und	WHE CARRI.	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
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counting Period:	2020/2			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Darien Communications, Inc			S	YSTEM II 620'
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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.	stem's sec of how to	condary transmocompute this	nission service amount, see	4,281.00 oss 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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less tha	n \$527,600		
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty faccounting period is \$52.00	,	. ,		
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	s 1 and 2		<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	but mo	re than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K		154,281.00	-	
	3. Subtract line 2 from line 1	\$	109,519.00	-	
	4. Enter the amount of gross receipts from space K	-		154,281.00	
	5. Enter the amount from line 3	· · · · · · · · · · · · · · · · · · ·	\$	109,519.00	
	6. Subtract line 5 from line 4		\$	44,762.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	223.81
	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 at	nd 8		\$	223.81
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but le	ess than \$527	,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00	-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01			-	
	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	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · -	\$	223.81	
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			\$	243.81
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		hts!

Accounting Period:	2020/2 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Darien Communications, Inc 62016
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 274
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Ken Johnson Telephone 912-437-6615
Information	Address 1011 North Way (Number, street, rural route, apartment, or suite number) Darien, GA 31305
	(City, town, state, zip) Email Ken.Johnson@dtctel.com Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
	Title: President
	(Title of official position held in corporation or partnership)
	Date: February 10, 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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62016 Darien Communications, Inc. 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. \$ 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** 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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