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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	1/20/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Sandhill Telephone Cooperative
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name			FORM SA1-2E. PAG
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including siderete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafte as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Bethune Community SC Jefferson SC udd Rows as Necessary McBee Pageland SC Patrick SC	Name		
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including s 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 as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN STATE Community CITY OR TOWN SC Area Served CITY OR TOWN SC dd Rows as Necessary McBee SC Pageland SC SC Patrick SC SC			633
Area Served 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 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. First Community CITY OR TOWN STATE Bethune SC Community OCC dd Rows as Necessary McBee Pageland SC Patrick SC		Instructions: List each separate community served by the cable system. A "com	munity" is the same as a "community unit" as defined in FCC rule
Area Served 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 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. First Community CITY OR TOWN STATE Bethune SC Community Chesterfield SC Jefferson SC McBee SC Pageland SC Patrick SC		"a separate and distinct community or municipal entity (including unincorporate	ed communities within unincorporated areas and including single
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Area Served identified city. First Community CITY OR TOWN STATE Community Bethune SC Qd Rows as Necessary MCBee SC Pageland SC SC Patrick SC SC			
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First CITY OR TOWN STATE Community Bethune SC Community Chesterfield SC dd Rows as Necessary McBee SC Pageland SC Patrick SC		identified city.	
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	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						2E. PAGE TEM IC
Name	Sandhill Telephone Cod						010	6336
Ε	SECONDARY TRANSMISSION In General: The information in s				v transmission	service of t	he cable	
	system, that is, the retransmission		-		•			
Secondary	about other services (including p					those exist	ing on the	
Transmission	last day of the accounting period Number of Subscribers: Both	`	,	,	,	hla avatana	haalian	
Service: Sub- scribers and	down by categories of secondar	•				,	,	
Rates	each category by counting the n		• • •		•			
	separately for the particular serv	rice at the rate i	indicated—not the nu	mber of set	s receiving serv	, vice).	C C	
	Rate: Give the standard rate of	-	• •			-		
	unit in which it is generally billed category, but do not include disc				rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ondarv transmis	sion servi	ce that cable	
	systems most commonly provide	•	-		•			
	that applies to your system. Not	e: Where an in	dividual or organizatio	on is receivi	ing service that	falls under	different	
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted of				I in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system				service that are	different f	rom those	
	printed in block 1 (for example, t	•	•					
	with the number of subscribers a	and rates, in the	e right-hand block. A t	two- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1				BLOCK	· •	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RAT
	• Service to first set		1,908 35.45	Additio	nal Tior		2,481	57.
			1,900 35.45	Additio			2,401	57.
	 Service to additional set(s) FM radio (if separate rate) 							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for ra	•			• •			
I	not covered in space E, that is, t service for a single fee. There ar							
Services	furnished at cost or (2) services							
	amount of the charge and the ur							
Other Than			usually billed. If any i		larged on a vari			
Secondary	enter only the letters "PP" in the	rate column.			-			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by t	he cable system for e	ach of the a	applicable servi	ces listed.	were not	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by t t your cable sys	he cable system for e stem furnished or offe	each of the a red during t	applicable servi	ces listed. period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by t t your cable sys separate charg	he cable system for e stem furnished or offe le was made or estab	each of the a red during t	applicable servi	ces listed. period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	he cable system for e stem furnished or offe le was made or estab de the rate for each.	each of the a red during t	applicable servi	ces listed. period that	e form of a	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg otion and includ BLOC	he cable system for e stem furnished or offe le was made or estab de the rate for each.	each of the a red during f lished. List	applicable servi	ces listed. period that vices in the		RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe le was made or estab de the rate for each. CK 1	each of the a red during t lished. List	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe le was made or estab le the rate for each. CK 1 CATEGORY OF SEF	each of the a red during t lished. List	applicable servi the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe je was made or estab le the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res	each of the a red during t lished. List	applicable servi the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	12.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel	each of the a red during t lished. List	applicable servi the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	RAT 12.1 7.1
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe je was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial	each of the a pred during f lished. List RVICE sidential	applicable servite the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	12.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe te was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable	each of the a pred during f lished. List RVICE sidential	applicable servite the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	12.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe je was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c	ach of the a red during f lished. List RVICE sidential	applicable servite the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	12.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe je was made or estab de the rate for each. <u>CK 1</u> <u>CATEGORY OF SEF</u> Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection	ach of the a red during f lished. List RVICE sidential	applicable servite the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	12.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip 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)	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe te was made or estab te the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services: • Reconnect	ach of the a red during f lished. List RVICE sidential	applicable servite the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	12.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe te was made or estab te the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services:	ach of the a red during f lished. List RVICE sidential	applicable servite the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	12.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip 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)	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable system for e stem furnished or offe te was made or estab te the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services: • Reconnect	ach of the a red during f lished. List RVICE sidential	applicable servite the accounting these other ser	ces listed. period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	12.

				OVOTEN
ame	LEGAL NAME OF OWNER OF			SYSTEN 63
	Sandhill Telephone C	•		00
	PRIMARY TRANSMITTERS:			
G		entify every television station (including m during the accounting period, <i>excep</i>	•	,
	FCC rules and regulations i	n effect on June 24, 1981, permitting t	he carriage of certain network prog	rams [sections
mary mitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain st	ations carried on a
vision	Substitute Basis Stations	: With respect to any distant stations c	arried by your cable system on a su	ubstitute program
		ıles, regulations, or authorizations: e in space G—but do list it in space I (t	the Special Statement and Program	n Log)—if the
	station was carried only on	a substitute basis.		-
		also in space I, if the station was carrie on concerning substitute basis stations		
	Column 1: List each station	n's call sign. <i>Do not</i> report origination	program services such as HBO, ES	SPN, etc. Identify each
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the the form.	e-air designation. For example, rep	port multistream
		el number the FCC assigned to the tele	evision station for broadcasting ove	r the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or	a noncommercial
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indep	pendent), "I-M"
		"E" (for noncommercial educational), erms, see page (iv) of the general instru		tional multicast).
	Column 4: Give the locatio	n of each station. For U.S. stations, lis	t the community to which the station	
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WACH	48	I	Columbia, SC
	WAXN-DT	50	I	Kannapolis, NC
as Necessary	WBTV-DT	23	Ν	Charlotte, NC
	WHKY	40	l	Hickory, NC
	WHKY WCCB-DT	40 27	 	Hickory, NC Charlotte, NC
			I I I-M	
	WCCB-DT	27	I I I-M N	Charlotte, NC
	WCCB-DT WCCB-DT3	27 27.1		Charlotte, NC Charlotte, NC Charlotte, NC
	WCCB-DT WCCB-DT3 WCNC-DT WIS	27 27.1 22 10	N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2	27 27.1 22 10 45.1	N N E-M	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3	27 27.1 22 10 45.1 45.2	N N E-M E-M	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV	27 27.1 22 10 45.1 45.2 45	N N E-M	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY	27 27.1 22 10 45.1 45.2 45 46	N N E-M E-M E-M I	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV	27 27.1 22 10 45.1 45.2 45	N N E-M E-M	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY	27 27.1 22 10 45.1 45.2 45 46	N N E-M E-M E-M I	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX	27 27.1 22 10 45.1 45.2 45 46 17	N N E-M E-M E-M I	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT	27 27.1 22 10 45.1 45.2 45 46 17 55	N N E-M E-M I I N I	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV	27 27.1 22 10 45.1 45.2 45 46 17 55 8	N N E-M E-M I N I N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WOLO-TV	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 8 8.1	N N E-M E-M I I N I N N N N-M	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WOLO-TV WOLO-DT WPDE-TV	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 8.1 16	N N E-M E-M i N i N N N N-M N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Columbia, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WOLO-TV WOLO-DT WPDE-TV WSOC-DT	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 8.1 16 34	N N E-M E-M i N i N N N N N N N	Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Columbia, SC Florence, SC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WOLO-TV WOLO-DT WPDE-TV WSOC-DT WSOC-DT2	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 8 8 8 8 8 1 16 34 34.1	N N E-M E-M i N i N N N N N N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Columbia, SC Columbia, SC Columbia, SC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WOLO-TV WOLO-DT WPDE-TV WSOC-DT WSOC-DT2 WWMB	27 27.1 22 10 45.1 45 46 17 55 8 8 8.1 16 34 34.1 21	N N E-M E-M I N I N N N N N N N N N N N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Columbia, SC Florence, SC Charlotte, NC Charlotte, NC Florence, SC

LEGAL NAME OF							1	SYSTEM 633
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during ce ge (v) of the g system as a se sed by the FC0) it can ertain st eneral ii parate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,5				. , .		
							·	

Accounting Perio	od: 2020/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Sandhill Telephone Co	ooperativ	e					63366
	SUBSTITUTE CARRIAG			NT AND PROGRAM I C	G			
I I	In General: In space I, ident	-	-			tion that ve	ur cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	" loovo tha	root of this no	an blonk. If your anower i	- "Vee " veu v		-	
	2	, leave the	rescortins pa	ige blank. If your answer i	s res, your	nusi compi	ete trie proț	Jian
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if tl	neir meanin	a is
	clear. If you need more spa	ace, please	add additiona	rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.							
	Column 2: If the program	n was broa sign of the	dcast live, ent	er "Yes." Otherwise enter asting the substitute prog	"No."			
				the community to which th		censed by t	he FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	entified).		
		•	when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gr Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							ine d
	to delete under FCC rules a			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976					-		
					WHF	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							<u> </u>	
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Accounting Period:	2020/2		FORM S	6. SA1-2E. PAGE 6.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Name	Sandhill Telephone Cooperative			63366
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amoral amounts (gross receipts) paid to your cable system by subscribers for the system's so (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see \$43	
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 but less th Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	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 \$263,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	436,797.18		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	172,997.18		
	4. Multiply line 3 by .01	. \$	1,729.97	
	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		\$	3,048.97
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Foc and				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	3,048.97	
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		\$	3,068.97
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW Sandhill Telepho	INER OF CABLE SYSTEM:				SYSTEM ID# 63366
M Channels	 to its subscribers, a Enter the total nu system carried tel Enter the total nu on which the cabl 	must give (1) the number of and (2) the cable system's l umber of channels on whic levision broadcast stations umber of activated channel le system carried television st services	total number of activated h the cable s broadcast stations	channels during the ac	counting period.	21 202
N Individual to Be Contacted	we can contact abo	BE CONTACTED IF FURTH out this statement of account		NEEDED (Identify an inc		
for Further Information	Address	Missy Sikes P.O. Box 519			I elephone	843-658-6850
		Number, street, rural route, apart Jefferson, SC 29718 City, town, state, zip)				
	Email	missy.sikes@n	nysandhill.net		Fax (optional)	
O Certification	I, the undersigned, (Owner of (Agent o in line X (Officer in line I have examined the second se	, hereby certify that (Check o other than corporation or p of owner other than corpor e 1 of space B and that the o r or partner) I am an officer e 1 of space B. he statement of account and and correct to the best of m	one, <i>but only one</i> , of the b partnership) I am the ow ation or partnership) I a pwner is not a corporation (if a corporation) or a part I hereby declare under pe	ner of the cable system a m the duly authorized ag or partnership; or ner (if a partnership) of t malty of law that all state	copyright Office regulations) as identified in line 1 of space tent of the owner of the cable he legal entity identified as ov ments of fact contained herei e in good faith.	system as identified wner of the cable system
				Chambers ture on the line above to "/s/ signature" (e.g., /s/ J		
		Typed or printer Title: (Title of c	d name: C. Lee Cl CEO/Manager fficial position held in corpora			
		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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ndhill Telephone Cooperative	6336
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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
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