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					
2/25/2021	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

_		
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
Accounting		
Period		
	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	
В	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	
	Google Fiber Georgia, LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	1600 Amphitheatre Parkway (Number, street, rural route, apartment, or suite number)	
	Mountain View, CA 94043	
	(City, town, state, zip)	
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
	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	IDENTIFICATION OF CABLE SYSTEM:	
	MAILING APPRICA OF CARLE OVERTEN.	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

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

Name Goog Instru "a sep discre as the Note:	NAME OF OWNER OF CABLE SYSTEM: gle Fiber Georgia, LLC ctions: List each separate community served by the cable system. A "community arate and distinct community or municipal entity (including unincorporated te unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you "first community." Please use it as the first community on all future filings. Entities and properties such as hotels, apartments, condominiums, or mobile fied city. CITY OR TOWN Duluth, GA Atlanta Dunwoody Peachtree Corners Marietta Roswell Sandy Springs Clayton County - Unincorporated Area Cobb County - Unincorporated Area Dekalb County - Unincorporated Area Douglas County - Unincorporated Area Fulton County - Unincorporated Area Gwinnett County - Unincorporated Area Gwinnett County - Unincorporated Area Alpharetta	communities within unincorporated areas and including single, a list will serve as a form of system identification hereafter known
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Area Served "a sep discre as the Note: identi	arate and distinct community or municipal entity (including unincorporated te unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you "first community." Please use it as the first community on all future filings. Entities and properties such as hotels, apartments, condominiums, or mobile fied city. CITY OR TOWN Duluth, GA Atlanta Dunwoody Peachtree Corners Marietta Roswell Sandy Springs Clayton County - Unincorporated Area Dekalb County - Unincorporated Area Douglas County - Unincorporated Area Fulton County - Unincorporated Area Gwinnett County - Unincorporated Area Gwinnett County - Unincorporated Area	communities within unincorporated areas and including single, a list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will serve as a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of system identification hereafter known before the list will be a form of sys
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	Dekalb County - Unincorporated Area Douglas County - Unincorporated Area Fulton County - Unincorporated Area Gwinnett County - Unincorporated Area	GA GA GA
	Douglas County - Unincorporated Area Fulton County - Unincorporated Area Gwinnett County - Unincorporated Area	GA GA GA
	Fulton County - Unincorporated Area Gwinnett County - Unincorporated Area	GA GA
	Gwinnett County - Unincorporated Area	GA
	Aipharetta	GA

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Google Fiber Georgia, LLC

63657

E

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,287	\$30/mo			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		 Motel, hotel 		1	Video on demand	PP
 Pay cable—add'l channel 	PP	 Commercial 				
Fire protection		 Pay cable 				
Burglar protection		 Pay cable-add'l channel 		l I.,		
Installation: Residential		 Fire protection 		l I.,		
• First set		 Burglar protection 				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		 Reconnect 				
Converter		Disconnect				
		 Outlet relocation 				
		 Move to new address 				

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63657

Google Fiber Georgia, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGADT	27.3	N	Atlanta, GA
WAGADT2	27.4	N-M	Atlanta, GA
WAGADT3	27.5	N-M	Atlanta, GA
WATCDT	34.3	<u> </u>	Atlanta, GA
WATCDT2	34.4	I-M	Atlanta, GA
WATLDT	25.3	<u>l</u>	Atlanta, GA
WATLDT2	25.4	I-M	Atlanta, GA
WATLDT3	25.5	I-M	Atlanta, GA
WGCLDT	19.3	N	Atlanta, GA
WGCLDT2	19.4	N-M	Atlanta, GA
WGCLDT3	19.5	N-M	Atlanta, GA
WGTVDT	7	E	Athens, GA
WHSGDT	44.3	<u>l</u>	Monroe, GA
WKTBCD2	23.6	N	Norcross, GA
WKTBCD3	23.2	N-M	Norcross, GA
WKTBCD4	23.3	N-M	Norcross, GA
WKTBCD5	23	N-M	Norcross, GA
WPBADT	21.3	E	Atlanta, GA
WPCHDT	20.3	<u> </u>	Atlanta, GA
WPXADT	31.3	<u>l</u>	Rome, GA
WPXADT2	31.4	I-M	Rome, GA
WPXADT3	31.5	I-M	Rome, GA
WSBDT	32	N	Rome, GA
WSBDT2	32.2	N-M	Rome, GA

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Google Fiber Georgia, LLC

SYSTEM ID#
63657

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WSBDT3	32.3	N-M	Rome, GA
WUPADT	36	<u> </u>	Atlanta, GA
WUPADT2	36.2	I-M	Atlanta, GA
WUVGDT	18	N	Athens, GA
WUVGDT2	18.2	N-M	Athens, GA
WUVGDT3	18.3	N-M	Athens, GA
WUVGDT4	18.4	N-M	Athens, GA
WXIADT	10.3	N	Atlanta, GA
WXIADT2	10.4	N-M	Atlanta, GA
WXIADT3	10.5	N-M	Atlanta, GA
WXIADT4	10.6	N-M	Atlanta, GA

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

SYSTEM ID#

Google Fiber Georgia, LLC

63657

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
	 						
	 						
	 						
							
							
							
	T						
	T						
	T						
				T	T		

Accounting Perio	nd: 2020/2						FORI	M SA1-2E. PAGE 5
terounting refle	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FURI	SYSTEM ID#
Name	Google Fiber Georgia	LLC						63657
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN' • During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spac Column 1: Give the title period, was broadcast by a	ify every noncecounting pring that mu T CONCERTION, did you tion? ", leave the E PROGRA titute progra ace, please of every no	nnetwork televiceriod, under sp st be included in the included	sion program, broadcast be secific present and former in this log, see page (v) of TITUTE CARRIAGE in carry, on a substitute base ge blank. If your answer in the line. Use abbreviation rows to the tables.	y a distant stare FCC rules, reg the general instances asis, any nonres "Yes," you res wherever pee program") ti	ulations, on the structions of the structions of the structions of the structure of the str	r authorization in the paper Selevision progression pr	ram NO gram g is
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ries like "mo Bulls." m was broa sign of the adcast stati hadian stati had and day yee "5/7." es when the Example: er "R" if the and regulati nming that	dcast live, enter station broadcon's location (toons, if any, the when your system a program carroll listed program carroll listed program ions in effect d	er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute program was carried by you ried by a system from 6:0 in was substituted for proguring the accounting period.	am titles, for a "No." ram. ne station is live station is ide program. User cable syste 1:15 p.m. to 6 gramming that od; enter the lider FCC rules	censed by entified). se numer m. List the c:28:30 p. t your systetter "P"	"I Love Lucy" y the FCC or, als, with the r e times accur m. should be tem was requ if the listed pr ulations in	or in nonth ately
	S	UBSTITUT	E PROGRAM				CURRED	7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION

Accounting Period:	2020/2 FORM SA1-2E. PAGE (ô.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber Georgia, LLC 6365	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. (Amount of gross receipts)	
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 than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period	_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	_
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 231,660.00	
	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	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	_
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber Georgia, LLC	SYSTEM ID# 63657
M Channels	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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	35
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	336
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name XiXi Tian Telephone	(650) 253-0000
omaasii	Address 1600 Amphitheatre Parkway (Number, street, rural route, apartment, or suite number)	
	Mountain View, CA 94043 (City, town, state, zip)	
	Email access-compliance@google.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• 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 in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	vner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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)]	n
	X /S/ Fleur Knowsley	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Fleur Knowsley	
	Title: Manager - Google Fiber Georgia, LLC (Title of official position held in corporation or partnership)	
	Date: 02/28/2021	

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 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ogle Fiber Georgia, LLC	63657
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? X 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 Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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@copyright.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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