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					
02/28/2022	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (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								
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.	61930					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		CAROLINA MOUNTAIN CABLEVISION INC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		CAROLINA MOUNTAIN CABLEVISION INC						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO BOX 457 (Number, street, rural route, apartment, or suite number)						
		BURNSVILLE NC 28714 (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 under already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s						
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 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 filing, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
- Number	CAROLINA MOUNTAIN CABLEVISION INC	619						
	Instructions: List each separate community served by the cable system.							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sir							
0	discrete 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	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Served	identified city							
	CITY OR TOWN	STATE						
First	HAYWOOD COUNTY	NC						
Community								
l Rows as Necessary								
,								

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61930 **CAROLINA MOUNTAIN CABLEVISION INC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

E

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	953	60.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
1				[•

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	19.00	Motel, hotel			
 Pay cable—add'l channel 	10.00-15.00	Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	49.00	Burglar protection			
 Additional set(s) 	15.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter		Disconnect			
		 Outlet relocation 	39.00		
		 Move to new address 	29.00		

Accounting Period: 2021/2

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| CAROLINA MOUNTAIN CABLEVISION INC 61930

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.

2. B'CAST CHANNEL NUMBER

WHNS 21 **GREENVILLE, SC WYFF** 4 **GREENVILLE, SC** N WUNF 33 Ε ASHEVILLE, NC 7 **WSPA** N SPARTANBURG, SC **WLOS** 13 N ASHEVILLE. NC **WASV** 62 I ASHEVILLE, NC **WBSC** 40 **GREENVILLE, SC**

3. TYPE OF STATION

Add Rows as Necessary

1. CALL SIGN

4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CAROLINA MOUNTAIN CABLEVISION INC

61930

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
]					

I: 2021/2 LEGAL NAME OF OWNER OF CAROLINA MOUNTAIN BUBSTITUTE CARRIAGE						TON	M SA1-2E. PAGE 5. SYSTEM ID#	
SUBSTITUTE CARRIAGE	CABLE	VISION INC						
							61930	
n General: In space I, identi substitute basis during the a explanation of the programm	ify every non ccounting p	nnetwork televis eriod, under sp	sion program, broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, c	or authorizatio	ns. For a further	
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 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 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "S77." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
effect on October 19, 1976.			· .	WHEN SUBSTITUTE				
St 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	7. REASON FOR DELETION	
Vi Control of the con	lote: If your answer is "No og in block 2. LOG OF SUBSTITUTE of General: List each substituen. If you need more space Column 1: Give the title eriod, was broadcast by a nder certain FCC rules, reston to use general categor NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broadle case of Mexican or Can Column 5: Give the more than the case of Mexican or Can Column 6: State the time of the nearest five minutes. It the the column form of the nearest five minutes. The column form form form form form form form form	lote: If your answer is "No," leave the origin block 2. LOG OF SUBSTITUTE PROGRAM General: List each substitute progratear. If you need more space, please Column 1: Give the title of every not eriod, was broadcast by a distant state ander certain FCC rules, regulations, or on on use general categories like "more in the column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast station case of Mexican or Canadian station Column 5: Give the month and day rest. Example: for May 7 give "5/7." Column 6: State the times when the original that the column case of the month in the column form of the column form of the more stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the original that yellow the column of the column form of the column form of the programming that yellow the column form of the column form of the column form of the column form of the letter "R" if the original that yellow the column form of the column f	lote: If your answer is "No," leave the rest of this parting in block 2. LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separal lear. If you need more space, please add additional Column 1: Give the title of every nonnetwork televieriod, was broadcast by a distant station and that you need certain FCC rules, regulations, or authorization to not use general categories like "movies" or "basken Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadch Column 4: Give the broadcast station's location (to be case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your system. Example: for May 7 give "5/7." Column 6: State the times when the substitute program of the nearest five minutes. Example: a program carriated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program of delete under FCC rules and regulations in effect divas substituted for programming that your system was substituted for programming that your system was ffect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	lote: If your answer is "No," leave the rest of this page blank. If your answer is go in block 2. LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separate line. Use abbreviations lear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute eriod, was broadcast by a distant station and that your cable system substitute nder certain FCC rules, regulations, or authorizations. See page (v) of the gereon to use general categories like "movies" or "basketball." List specific program NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute rest. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your the nearest five minutes. Example: a program carried by a system from 6:01 tated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program as substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period as substituted for programming that your system was permitted to delete under fect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	lote: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you not go in block 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever pagear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the eriod, was broadcast by a distant station and that your cable system substituted for the program error certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for extending the specific program was broadcast live, enter "Yes." Otherwise enter "No." 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 line case of Mexican or Canadian stations, if any, the community with which the station is line case of Mexican or Canadian stations, if any, the community with which the station is line case of Mexican or Canadian stations, if any, the community with which the station is line case of Mexican or Canadian stations, if any, the community to which the station is line case of Mexican or Canadian stations, if any, the community to which the station is line case of Mexican or Canadian stations, if any, the community to which the station is line case of Mexican or Canadian stations, if any, the community to which the station is line case of Mexican or Canadian stations, if any, the community to which the station is line case of Mexican or Canadian stations, if any, the community to which the station is line case of Mexican or Canadian stations, if any, the community to which the station is line case of Mexican or Canadian stations, if any, the community of the station is line case of Mexican or Canadian stations, and t	lote: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must coming in block 2. LOG OF SUBSTITUTE PROGRAMS in General: List each substitute program on a separate line. Use abbreviations wherever possible, if lear. 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 eriod, was broadcast by a distant station and that your cable system substituted for the programmin nder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fullow to use general categories like "movies" or "basketball:" List specific program titles, for example, "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 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerists. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the or the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.n. to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is vas substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is vas substituted for programming that your system was permitted to delete under FCC rules and regulation of the program was substituted for programming that your system was permitted to delete under FCC rules and regulation of the program was substituted for programming that your system was permitted to delete u	lote: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program of gin block 2. LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning lear. 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 account eriod, was broadcast by a distant station and that your cable system substituted for the programming of another near certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information on to use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" 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 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, ne case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the rist. 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 accurb the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be tated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in ffect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CAROLINA MOUNTAIN CABLEVISION INC	SYSTEM ID# 61930						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission servic€						
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.							
	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 you must pay for the accounting period is \$52.00.	nis 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 lines 1 and 2	· <u>· </u>						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)						
	1. Base amount under statutory formula							
	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						
	o. Interest charge. Litter the amount normine 4, space Q, page 0	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							
	2. Base amount under statutory formula							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01	619.92						
	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	\$ 1,938.92						
	FILING FEE AND TOTAL REMITTANCE DUE							
	TIENOTEE AND TOTAL REMITTANCE DOL							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	1,938.92						
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	\$ 1,958.92						
	EFT Trace # or TRANSACTION ID #							
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo							

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: DUNTAIN CABLEVISION	INC		SYSTEM ID# 61930
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's number of channels on which	s	e accounting period.	73
N Individual to	INDIVIDUAL TO		THER INFORMATION IS NEEDED (Identify a	n individual	
Be Contacted for Further Information	Name	SHERRY FENDER		Telephone 8	28-682-4074
	Address	PO BOX 457 (Number, street, rural route, apart BURNSVILLE, NC 2 (City, town, state, zip)	•		
	Email	sherry@ccvn.c	com	Fax (optional)	
0	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance wi	th Copyright Office regulations)	
O Certification	(Owner	r other than corporation or p	one, but only one, of the boxes.) partnership) I am the owner of the cable system ation or partnership) I am the duly authorized owner is not a corporation or partnership; or		
	X (Office		(if a corporation) or a partner (if a partnership) o	f the legal entity identified as own	er of the cable system
		e, and correct to the best of my	I hereby declare under penalty of law that all sta y knowledge, information, and belief, and are m		
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /s		
		Typed or printed	d name: SHERRY FENDER		
		Title: (Title of c	SECRETARY official position held in corporation or partnership)		
		Date:		FEBRUARY 28, 2022	

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 the 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 telephon 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 i 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 filing, a determination that would be made by a court of law

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CAROLINA MOUNTAIN CABLEVISION INC

61	93

AROLINA MOUNTAIN CABLEVISION 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 following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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	

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 th 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 filing, a determination that would be made by a court of law.