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							
2-22-22	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

	,	
Α	ACC	DUNTING 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Pineland Telephone Cooperative
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 678 (Number, street, rural route, apartment, or suite number)
		Metter, GA 30439
		(City, town, state, zip)
_	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		so 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:
	1	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name	Pineland Telephone Cooperative	626
	Instructions: List each separate community served by the cable system. A "communit	
D	separate and distinct community or municipal entity (including unincorporated comm	nunities within unincorporated areas and including single, discr
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	ve as a form of system identification hereafter known as the "f
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identi
Served	city.	
	CITY OR TOWN	STATE
First	Metter	GA
Community	Adrian	GA
	Bartow	GA
Rows as Necessary	Cobbtown	GA
	Davisboro	GA
	Kite	GA
	Lexsy	GA
	Midville	GA
	Nunez	GA
	Oak Park	GA
	Pulaski	GA
	Stillmore	GA
	Swainsboro	GA
	Twin City	GA
	Vidalia	GA
	Claxton	GA

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Pineland Telephone Cooperative

SYSTEM ID# 62648

FORM SA1-2E. PAGE 2

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.

BL	OCK 1	BLOCK 2					
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	3,107	19.50	20+ Channels	3,068	35.50		
Service to additional set(s)			80+ Channels	2,733	66.00		
• FM radio (if separate rate)			100+ Channels	1,281	11.00		
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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Cinemax	17.50
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		НВО	17.50
Fire protection		Pay cable		Showtime	17.50
•Burglar protection		Pay cable-add'l channel		Starz/Encore	17.50
Installation: Residential		Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Pineland Telephone Cooperative

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 62648

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
WAGT-HD	30.2	N	Augusta, GA
WAGT2	30.1	N-M	Augusta, GA
WAGT-DT	30	N-M	Augusta, GA
WAGT3	30.3	N-M	Augusta, GA
WAGT4	30.4	N-M	Augusta, GA
WFXG-HD	31.2	l	Augusta, GA
WFXG2	31.1	I-M	Augusta, GA
WFXG3	31.3	I-M	Augusta, GA
WFXG4	31.4	I-M	Augusta, GA
WFXG-DT	31	I-M	Augusta, GA
WGXA3	16.4	I-M	Macon, GA
WGXA-HD	16.2	l	Macon, GA
WGXA2	16.1	I-M	Macon, GA
WGXA2-HD	16.3	I-M	Macon, GA
WGXA-DT	16	I-M	Macon, GA
WJBF-HD	42.2	N	Augusta, GA
WJBF2	42.1	N-M	Augusta, GA
WJBF3	42.3	N-M	Augusta, GA
WJBF4	42.4	N-M	Augusta, GA
WJBF-DT	42	N-M	Augusta, GA
WJCL-HD	22.1	N	Savannah, GA
WJCL-DT	22	N-M	Savannah, GA
WJCL2	22.2	N-M	Savannah, GA
WMAZ-HD	13.2	N	Macon, GA

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62648

G

Primary Transmitters: Television Prineland Telephone Cooperative
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
WMAZ2	13.1	N-M	Macon, GA
WMAZ3	13.3	N-M	Macon, GA
WMAZ-DT	13	N-M	Macon, GA
WMGT-HD	40.2	N	Macon, GA
WMGT2	40.1	N-M	Macon, GA
WMGT3	40.3	N-M	Macon, GA
WMGT4	40.4	N-M	Macon, GA
WMGT-DT	40	N-M	Macon, GA
WRDW-HD	12.3	N	Augusta, GA
WRDW3	12.2	N-M	Augusta, GA
WRDW4	12.4	N-M	Augusta, GA
WRDW5	12.5	N-M	Augusta, GA
WRDW-DT	12	N-M	Augusta, GA
WSAV-HD	39.2	N	Savannah, GA
WSAV2	39.1	N-M	Savannah, GA
WSAV3-DT	39.3	N-M	Savannah, GA
WSAV4	39.4	N-M	Savannah, GA
WSAV-DT	39	N-M	Savannah, GA
WTGS-HD	28.1	l	Hardeeville, SC
WTGS-DT	28	I-M	Hardeeville, SC
WTGS2	28.2	I-M	Hardeeville, SC
WTGS3	28.3	I-M	Hardeeville, SC
WTGS4	28.4	I-M	Hardeeville, SC
WTOC-HD	11.3	N	Savannah, GA

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Pineland Telephone Cooperative

FORM SA1-2E. PAGE 3.

SYSTEM ID#
62648

# G

PRIMARY TRANSMITTERS: TELEVISION

substitute program basis, as explained in the next paragraph.

#### 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 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
WTOC2	11.1	N-M	Savannah, GA
WTOC3	11.2	N-M	Savannah, GA
WTOC4	11.4	N-M	Savannah, GA
WTOC5	11.5	N-M	Savannah, GA
WTOC6	11.6	N-M	Savannah, GA
WTOC-DT	11	N-M	Savannah, GA
WVAN2	9.1	E-M	Savannah, GA
WVAN3	9.2	E-M	Savannah, GA
WVAN4	9.3	E-M	Savannah, GA
WVAN-DT	9	E	Savannah, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62648

#### **Pineland Telephone Cooperative**

## 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.

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).

		1		_	1		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Primary Transmitters: Radio

Accounting Perio								FOF	RM SA1-2E. PAGE 5.
Name	Pineland Telephone Co								SYSTEM ID# 62648
Substitute		y every non counting pe	network televisi riod, under spe	ion program, broadcast b	y a CC	rules, regula	ations, or au	uthorizations.	For a further
Substitute Carriage: Special Statement and Program Log	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licentified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month								
	first. Example: for May 7 giv  Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	es when the Example: a er "R" if the nd regulation	program carri listed program ons in effect du	ed by a system from 6:0 was substituted for prog ring the accounting peri	1:1 gran od;	5 p.m. to 6:2 nming that y enter the let FCC rules a	28:30 p.m. our systenter "P" if th	should be  n was <i>require</i> e listed prog ions in	ed
	1. TITLE OF PROGRAM	SUBSTITUTE PROGRAM  2. LIVE? 3. STATION'S Yes or No CALL SIGN 4. STATION'S			N	5. MONTH AND DAY	AGE OCC 6. FROM	TIMES TO	7. REASON FOR DELETION

Accounting Period:	2021/2	FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Pineland Telephone Cooperative	\$	62648
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	57,350.75 ross 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 \$2  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.	63,800	
	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 you must pay for th accounting period is \$52.00  Line 1. Royalty fee for accounting period	s six-month	
	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 \$137,1	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
	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)	
	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	1,035.51	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$	2,354.51
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,354.51	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	2,374.51
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2021/2										FORM	M SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Pineland Telephore	IER OF CABLE SYSTEM: ne Cooperative										SYSTEM ID# 62648
<b>M</b> Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  58  2. Enter the total number of activated channels											
		ole system carried television st services									245	
N Individual to Be Contacted												
for Further Information	Name <b>D</b>	ustin Durden						Te	elephone			
	(Ni	.O. Box 678 umber, street, rural route, apartm letter, GA 30439 ity, town, state, zip)	ment, or suit	ite number)								
	Email						Fa	x (optional				
•	CERTIFICATION (This	s statement of account mu	ust be cert	rtified and	signed in ac	ccordance w	rith Copyrig	ght Office regu	ılations)			
O Certification	• I, the undersigned, h	nereby certify that (Check on	ne, <i>but onl</i> y	lly one , of	the boxes.)							
	(Owner ot	ther than corporation or pa	artnership	ip) I am the	e owner of th	e cable syste	em as ident	tified in line 1 o	of space B;	or		
		owner other than corporatine 1 of space B and that the						the owner of th	ne cable sys	stem as identifie	ed	
	in li	or partner) I am an officer (if ine 1 of space B.								r of the cable s	ystem	
		estatement of account and hand correct to the best of my 1001(1986)]							d herein			
			X	/s/ Du	ıstin Durd	len						
					-	the line above nature" (e.g.,		this statement. nith)				
		Typed or printed	I name:	Dustii	n Durden							
		Title:				cutive Vio		dent				
		Date:						2/21/22				

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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
neland Telephone Cooperative	62648
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q 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	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$ 

 $\square$  Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials
		Date of remittance	Check □EFT	☐FILING FEES
Cable ID#				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	☐January 1 - June 30, 2017	[	☐July 1 - December 31, 2017	
	☐ Letter sent	□Letter sent □Information received		
	□Accepted	]	☐Phone call/Date/Contact	
Space B Owner				
	Letter sent	☐Information received		
	□Accepted	]	Phone call/Date/Contact	
Space D Area Served				
	Letter sent	]	☐ Information received	
	Accepted	]	Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	☐Letter sent	ent		
and Rates	□Accepted	[	Phone call/Date/Contact	
Space G Primary Transmitters:				
Television				

 $\ \ \, \square \\ \ \, Information \ received$ 

☐ Phone call/Date/Contact

 $\square$ Phone call/Date/Contact

Letter sent			Space I
Cleater sent			Substitute
Accepted     Phone call/Date/Contact   Space J Part-time Carriage Log (SA3 only)			Carriage
Space J   Part-time   Carriage Log (SA3 only)	Letter sent	☐ Information received	
Carriage Log (SA3 only)	□Accepted	☐Phone call/Date/Contact	
Carriage Log (SA3 only)			
CA3 only     CA3			
Accepted   Phone call/Date/Contact   Space K Gross Receipts     Letter sent   Information received     Letter sent   Phone call/Date/Contact   Space L Copyright Filling and Royalty Fees     Royalty Fee should be   Refund request to fiscal     Letter sent   Information neceived     Accepted   Phone call/Date/Contact   Space M Channels     Letter sent   Information received     Accepted   Phone call/Date/Contact   Space O Certification     Letter sent   Information received     Accepted   Phone call/Date/Contact   Space O Certification     Letter sent   Information received     Accepted   Phone call/Date/Contact   Space O Certification     Letter sent   Information received     Accepted   Phone call/Date/Contact   Space P Statement of Gross Receipts     Letter sent   Information received     Accepted   Phone call/Date/Contact   Space O Certification     Letter sent   Information received   Space O Certification   Space O Certification     Letter sent   Information received   Space O Certification   Space O Cert			
Space K Gross Receipts  Letter sent   Information received			
Gross Receipts    Letter sent	□Accepted	☐Phone call/Date/Contact	
Letter sent			
Cletter sent			
Space L Copyright Filing and Royalty Fees   Copyright Filing and		☐Information received	
Copyright Filing and Royalty Fees   Copyright Filing and Royalty Fees   Refund request to fiscal		Phone call/Date/Contact	
and Royalty Fees  Royalty Fee should be Refund request to fiscal  Letter sent Information received  Accepted Phoe call/Date/Contact  Space M Channels  Letter sent Information received  Accepted Phone call/Date/Contact  Space O Certification  Letter sent Information received  Accepted Phone call/Date/Contact  Space O Certification  Letter sent Information received  Accepted Phone call/Date/Contact  Space P Statement of Gross Receipts  Letter sent Information received  Accepted Phone call/Date/Contact  Space P Statement of Gross Receipts  Letter sent Information received  Accepted Phone call/Date/Contact			Space L
Royally Fee should be			
Letter sent			and Royalty Fees
□ Accepted       □ Phoe call/Date/Contact         Space M Channels         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         Space P Statement of Gross Receipts         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         Space Q Interest Assessment         □ Letter sent       □ Info/add'l fee received	Royalty Fee should be	Refund request to fiscal	
Channels   Space M   Channels	☐Letter sent	☐ Information received	
Channels   Channels     Letter sent	Accepted	☐Phoe call/Date/Contact	
Letter sent			
□ Accepted       □ Phone call/Date/Contact         Space O Certification         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         Space P Statement of Gross Receipts         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         Space Q Interest Assessment         □ Letter sent       □ Info/add'l fee received			Channels
□ Accepted       □ Phone call/Date/Contact         Space O Certification         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         Space P Statement of Gross Receipts         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         Space Q Interest Assessment         □ Letter sent       □ Info/add'l fee received		□Information received	
Space O Certification    Letter sent			
Certification    Letter sent	□Accepted	□Prione call/Date/Contact	S-2-2- O
□ Accepted       □ Phone call/Date/Contact         Space P Statement of Gross Receipts         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         Space Q Interest Assessment         □ Letter sent       □ Info/add'l fee received			-
□ Accepted       □ Phone call/Date/Contact         Space P Statement of Gross Receipts         □ Letter sent       □ Information received         □ Accepted       □ Phone call/Date/Contact         Space Q Interest Assessment         □ Letter sent       □ Info/add'l fee received			
Space P Statement of Gross Receipts  Letter sent	☐Letter sent	☐Information received	
Cetter sent	□Accepted	☐Phone call/Date/Contact	
Cetter sent			-
□ Letter sent     □ Information received       □ Accepted     □ Phone call/Date/Contact       Space Q Interest Assessment       □ Letter sent     □ Info/add'l fee received			
□ Accepted □ Phone call/Date/Contact  Space Q Interest Assessment  □ Letter sent □ Info/add'l fee received			dioss Receipts
Space Q Interest Assessment  Letter sent		_	
Letter sent	□Accepted	☐ Phone call/Date/Contact	
Assessment			
Accepted Phone call/Date/Contact		☐Info/add'l fee received	
	☐Accepted	☐Phone call/Date/Contact	