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					
3/1/2022	\$ ALLOCATION NUMBER					
	ALLOCATION NOWBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		20212 Barcode Data Filing Period (optional - see instructions)						
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						
	CAMDEN CORP INVESTMENTS INC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		TRUVISTA						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		P.O. BOX 160						
		(Number, street, rural route, apartment, or suite number) CHESTER, SC 29706						
		(City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:						
		TRUVISTA						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						
<u> </u>		Mentals manuscript and and an analysis and a second and a						

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.

Accounting Period:	2021/2							
-	T	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CAMDEN CORP INVESTMENTS INC	7466						
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated cunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list with community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identific city.							
First	CITY OR TOWN CAMDEN	STATE SC						
Community	LUGOFF	SC						
•	CASSATT	SC						
Add Rows as Necessary								

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7466 CAMDEN CORP INVESTMENTS INC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary 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). **Transmission** Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 BLOCK 1 BLOCK 2 NO. OF NO. OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 1,566 30.99 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 12 5.95*/mth Commercial Converter Residential Avg per Unit Non-residential 568 Units 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
• Pay cable	12.99	Motel, hotel			
• Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	39.99	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	95.00		
		Move to new address	49.99		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CAMDEN CORP INVESTMENTS INC

SYSTEM ID# 7466

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WIS	10	N	COLUMBIA, SC
WIS-2	10.1	N-M	COLUMBIA, SC
WIS-3	10.2	N-M	COLUMBIA, SC
WLTX	15	N	COLUMBIA, SC
WLTX-2	15.1	N-M	COLUMBIA, SC
WOLO	7	N	COLUMBIA, SC
WOLO-2	7.1	N-M	COLUMBIA, SC
WACH	22	l	COLUMBIA, SC
WZRB	25	l	COLUMBIA, SC
WKTC	31	l	SUMTER, SC
WKTC-2	31.1	I-M	SUMTER, SC
WKTC-3	31.2	I-M	SUMTER, SC
WRJA	33	E	COLUMBIA, SC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CAMDEN CORP INVESTMENTS INC

7466

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.

aper 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WCAM	AM	Х	CAMDEN, SC				
		ļ 					
		ļ					
							

Primary Transmitters: Radio

Accounting Perio		2.4.D.I.E. 0.V.O.T							FORM	M SA1-2E. PAGE 5.
Name	CAMDEN CORP INVES									SYSTEM ID# 7466
	SUBSTITUTE CARRIAGE	T AND PROGRAM LO	G							
Substitute	In General: In space I, identifi substitute basis during the ac explanation of the programmi	fy every non ecounting pe	network televisi eriod, under spe	ion program, broadcast by cific present and former F	y a d	rules, regula	ations, or au	uthoriza	ations. F	or a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE						
Special	During the accounting peri				eie	any nonne	twork telev	ision r	orogram	1
Statement and										V
Program Log	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								INO	
	log in block 2.	, leave the	rest of this pag	je blank. If your answer i	S Y	es, you mi	ust comple	te the	progran	n
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space	itute progra ce, please a	m on a separa add additional r	ows to the tables.		·				
	Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categorial	distant stati gulations, o	ion and that your	ur cable system substitut s. See page (v) of the ge	ted f	for the prog al instructio	ramming ones	f anot er info	her stat ormation	
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s	Bulls." n was broac sign of the s	dcast live, enter station broadca	r "Yes." Otherwise enter sting the substitute progr	"No. ram.	" ·	·			
	Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv	adian statio th and day	ns, if any, the	community with which the	e sta	ation is ider	ntified).		-	ith
	Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	s when the	•			•				у
	Column 7: Enter the letter to delete under FCC rules a was substituted for program	nd regulation	ons in effect du	ring the accounting perio	od; e	enter the let	ter "P" if th	e liste	d progra	
	effect on October 19, 1976.									
	S	UBSTITUT	E PROGRAM			WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO				7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	١	5. MONTH AND DAY	6. FROM	TIMES —	то	DELETION
								_		
					-					
					-					
								_		
								_		
								_		

Accounting Period:	2021/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CAMDEN CORP INVESTMENTS INC			5	7466
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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.	em's seco	ondary transmis compute this ar	ssion service mount, see	91,182.04 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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	less than		63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LE	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you	must pay for thi	s 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	1 and 2 .		•	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS ((but mor	e than \$137,1	00)	
	Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4	_			
	7. Multiply line 6 by .005 (enter figure here)	-			
	8. Interest charge. Enter the amount from line 4, space Q, page 8		•		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and	18			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	00 (but le	ss than \$527,	600)	
	Enter the amount of gross receipts from space K		291,182.04		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		27,382.04		
	4. Multiply line 3 by .01		\$	273.82	
	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, a	and 6		\$	1,592.82
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,592.82	
Due	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		[\$	1,612.82
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for		-		hts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM: PINVESTMENTS INC			SYSTEM ID# 7466			
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. 1. Enter the total number of channels on which the cable							
			ns		13			
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services							
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an in unt.)	ndividual to whom				
for Further Information	Name	AUTUMN CASTLES		Telephone 80	3-581-9148			
	Address	P.O. BOX 160 (Number, street, rural route, apartr	ment, or suite number)					
		CHESTER, SC 29706 (City, town, state, zip)	<u> </u>					
	Email	ACASTLES@T	RUVISTA.BIZ	Fax (optional				
	CERTIFICATION (This statement of account mu	ust be certified and signed in accordance with 0	Copyright Office regulations)				
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, but only one, of the boxes.)					
	(Owner	other than corporation or p	partnership) I am the owner of the cable system a	as identified in line 1 of space B; or				
			ation or partnership) I am the duly authorized ag ne owner is not a corporation or partnership; or	gent of the owner of the cable syster	m as identified			
		er or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partnership) of t	the legal entity identified as owner of	f the cable system			
		e, and correct to the best of m	hereby declare under penalty of law that all stater ly knowledge, information, and belief, and are ma					
			X /s/ Eric Ramey					
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/					
		Typed or printed	d name: Eric Ramey					
		Title:	Vice President - Administration & title of official position held in corporation or partnership)	Regulartory Affairs				
		Date:		2/28/2022				

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 7466 **CAMDEN CORP INVESTMENTS INC** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-P lowing 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 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. വ For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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ID number

First community served Accounting period