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			
01/30/2020	\$ 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

_	1						
A	ACCC	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							
		Instructions:					
В		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					
		Yadkin Valley Telecom, Inc.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		1421 Courtney Huntsville Road, P.O. Box 368 (Number, street, rural route, apartment, or suite number)					
		Yadkinville, NC 27055 (City, town, state, zip)					
		h war a saw					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System		IDENTIFICATION OF CABLE SYSTEM:					
	1						
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					
1	i	$\mathbf{p} \cdot \mathbf{n} = \mathbf{r} \cdot \mathbf{r} \cdot \mathbf{r}$					

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. PAGE SYSTEM ID
Name	Yadkin Valley Telecom, Inc.	4038
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter know
	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 h	nome parks should be reported in parentheses below the
Served	identified city.	
	AUTH OR TANK	07.17
- 14	CITY OR TOWN Cooleemee	STATE NC
First Community	Davie County	NC NC
Community		
	Harmony	NC NC
Rows as Necessary	Iredell County	
	Mocksville	NC
	Yadkinville	NC
	Yadkin County	NC
	East Bend	NC
	Boonville	NC
	Wilkes County	NC
	Rowan County	NC
	Bermuda Run	NC
	Alexander County	NC
	Lewisville	NC
	Pfafftown	NC
"		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Yadkin Valley Telecom, Inc.

40381

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	2,173	27.99	HD Access	1,777	0.00	
Service to additional set(s)			Yadtel Expanded Basic	1,777	78.00	
• FM radio (if separate rate)			Yadtel Variety Tier	193	8.99	
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		 Motel, hotel 			HBO	20.99
 Pay cable—add'l channel 		Commercial			Cinemax	18.99
Fire protection		Pay cable			Showtime	18.99
•Burglar protection		 Pay cable-add'l channel 			Starz	13.99
Installation: Residential		 Fire protection 				
• First set	45.99	 Burglar protection 				
 Additional set(s) 	62.99	Other services:		ĺ.		
 FM radio (if separate rate) 		 Reconnect 				
Converter		Disconnect		ľ		
		 Outlet relocation 		ľ		
		 Move to new address 		ľ		
				ľ		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40381

Yadkin Valley Telecom, Inc.
PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBTV	23	N-M	Charlotte, NC
WBTV-HD	23.1	N	Charlotte, NC
WCCB	27	I	Kannapolis, NC
WCNC	22	N	Charlotte, NC
wcwg	19	<u> </u>	Lexington, NC
WFMY	51	N-M	Greensboro, NC
WFMY-HD	51.1	N	Greensboro, NC
WGHP	8	I-M	High Point, NC
WGHP-HD	8.1	1	High Point, NC
WJZY	47	1	Belmont, NC
WLXI	43	1	Greensboro, NC
WMYT	39	<u>i</u>	Rock Hill, SC
WMYV	33	l	Greensboro, NC
wsoc	34	N	Charlotte, NC
WUNL	32	E-M	Winston-Salem, NC
WUNL-HD	32.1	E	Winston-Salem, NC
wxII	31	N-M	Winston-Salem, NC
WXII-HD	31.1	N	Winston-Salem, NC
WXLV	29	N-M	Winston-Salem, NC
WXLV-HD	29.1	N	Winston-Salem, NC
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
l			

Accounting Period: 2019/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Yadkin Valley Telecom, Inc.

40381

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
0,122 0,011	7 5. 1	0,2	200/11011 01 01/11011	07.22 0.0.1	7	0,0	200/1101101101

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Yadkin Valley Telecom, Inc. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of the companion of the programming that must be included in this log, see page (v) of the companion of the programming that must be included in this log, see page (v) of the companion of the programming that must be included in this log, see page (v) of the companion of the programming that must be included in this log, see page (v) of the companion of the programming that must be included in this log, see page (v) of the companion of the programming that must be included in this log, see page (v) of the companion of the programming that must be included in this log, see page (v) of the program	by a distant sta r FCC rules, reg f the general ins basis, any noni	gulations, or structions in network tele	our cable sys authorization the paper S	ns. For a further A1-2 form.						
Substitute Carriage: Special Statement and Program Log Substitute Carriage: Special Substitute Substitute Carriage: Special Substitute Carriage: Special Substitute Substitute Carriage: Special Substitute Substit	by a distant sta r FCC rules, reg f the general ins basis, any noni	gulations, or structions in network tele	authorization the paper S evision prog	tem carried on a ns. For a further A1-2 form.						
Substitute Carriage: Special Statement and Program Log In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) or 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	by a distant sta r FCC rules, reg f the general ins basis, any noni	gulations, or structions in network tele	authorization the paper S evision prog	ns. For a further A1-2 form.						
In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) or carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	by a distant sta r FCC rules, reg f the general ins basis, any noni	gulations, or structions in network tele	authorization the paper S evision prog	ns. For a further A1-2 form.						
Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answe log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	basis, any noni	network tele	evision prog							
• During the accounting period, did your cable system carry, on a substitute broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answe log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	•									
Program Log broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answe log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	r is "Yes," you ı	must compl	YES	ram						
Note: If your answer is "No", leave the rest of this page blank. If your answe log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	r is "Yes," you ເ	must compl		NO						
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	, , , , , , , , , , , , , , , , , , ,									
2. LOG OF SUBSTITUTE PROGRAMS										
clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute certain FCC rules, regulations, or authorizations. See page (v) of the good not use general categories like "movies" or "basketball." List specific progental sasketball: 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 progenum 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which Column 5: Give the month and day when your system carried the substitutifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6: 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 permitted to delete under FCC rules and regulations in effect during the accounting per was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting permits of the substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting permits of the substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting permits of the substituted for programming that your system was permitted to delete under FCC.	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 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 "5/7." 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									
SUBSTITUTE PROGRAM	CARRIAGE OCCURRED 7. F			7. REASON FO						
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	5. MONTH		TIMES	DELETION						
Yes or No CALL SIGN 4. STATION'S LOCATION	AND DAY	FROM -	<u>— то</u>							
			_							
			_							
			_							
			_							

Accounting Period:	2019/2			FORM S	SA1-2E. PAGE 6.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Yadkin Valley Telecom, Inc.			(40381		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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.	system's se on of how t	condary transmi o compute this a	ssion service amount, see			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less 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 \$13	7,100 OR	LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	his six-mon			
	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 in	ines 1 and 2	!				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore 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 8					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527,	600)			
	Enter the amount of gross receipts from space K	\$	364,933.62				
	2. Base amount under statutory formula	\$	263,800.00				
	3. Subtract line 2 from line 1	\$	101,133.62				
	4. Multiply line 3 by .01		\$	1,011.34			
	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 .		\$	2,330.34		
	FILING FEE AND TOTAL REMITTANCE DU	JE					
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,330.34			
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			\$	2,350.34		
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!		

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	OWNER OF CABLE SYSTEM: Telecom, Inc.				SYSTEM ID# 40381
M		= ' '		n which the cable system carried tel of activated channels during the acc		
		I number of channels on which to television broadcast stations				20
	on which the c	I number of activated channels able system carried television broast services		ations		335
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.		ATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name	Terri Maurer			Telephone	336-463-5072
	Address	1421 Courtney Huntsv (Number, street, rural route, apartme Yadkinville, NC 27055	ent, or suite nu	d mber)		
	Email	(City, town, state, zip) terri.maurer@yad	dtel.com		Fax (optional)	
	CERTIFICATION	(This statement of account mus	t be certified	d and signed in accordance with Co	opyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one	e,but only or	ne, of the boxes.)		
	(Owne	er other than corporation or par	rtnership) l	am the owner of the cable system a	s identified in line 1 of space	B; or
	in	line 1 of space B and that the own	ner is not a			
	in	line 1 of space B.	·	on) or a partner (if a partnership) of the		·
		te, and correct to the best of my k	•	nformation, and belief, and are made		
		_	X /s	s/ Mitzie S. Branon		
				etronic signature on the line above to cure using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed r	name: M	litzie S. Branon		
			CEO	eld in corporation or partnership)		
		Date:			01/29/2020	

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.

Accounting Period: 2019/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Yadkin Valley Telecom, Inc.	40381
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	Concerning Gross Receipts Exclusion
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x da	ys
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@loc.gov.	Э
** 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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