

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**

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

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
02/26/2020	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2019/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
B Owner	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.	
	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.	
	<input checked="" type="checkbox"/>	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	
	TELEVIEW INC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	4001 RODNEY PARHAM <small>(Number, street, rural route, apartment, or suite number)</small>	
	LITTLE ROCK AR 72212 <small>(City, town, state, zip)</small>	
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
	1	IDENTIFICATION OF CABLE SYSTEM:
	2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small>

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELEVIEW INC		SYSTEM ID# 0
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.		
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.		
	CITY OR TOWN	STATE	
First Community	DAHLONEGA	GA	
	CORNELIA	GA	
	HIAWASSEE	GA	
<i>Add Rows as Necessary</i>	WESTERN CLAY CO	NC	
	TOWNS CO	GA	
	BLAIRVILLE	GA	
	YOUNG HARRIS	GA	
	CLEVELAND	GA	
	WHITE CO	GA	
	LUMPKIN CO	GA	
	COMMERCE	GA	
	BANKS CO	GA	
	ARCADE	GA	
	JACKSON CO	GA	
	BIG CANOE	GA	
	HAYNESVILLE	NC	
	HELEN	GA	
	ALTO	GA	
	DAWSONVILLE	GA	
	DAWSON CO	GA	
	MT AIRY	GA	
	BALDWIN	GA	
	DEMOREST	GA	
	CLARKESVILLE	GA	
	HABERSHAM CO	GA	
	UNION CO	GA	
	NICHOLSON	GA	
	HOMER	GA	
	JEFFERSON	GA	
	LEXINGTON	KY	
	LINCOLN	NE	
	SUGARLAND	TX	
	CONCORD	NC	
	LEXINGTON	NC	

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E Secondary Transmission Service: Subscribers and Rates	<p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential: <ul style="list-style-type: none"> • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter <ul style="list-style-type: none"> • Residential • Non-residential 	<p style="margin: 0;">4,274</p>	<p style="margin: 0;">15.00</p>			

F Services Other Than Secondary Transmissions: Rates	<p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services: <ul style="list-style-type: none"> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential <ul style="list-style-type: none"> • First set • Additional set(s) • FM radio (if separate rate) • Converter 		Installation: Non-residential <ul style="list-style-type: none"> • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: <ul style="list-style-type: none"> • Reconnect • Disconnect • Outlet relocation • Move to new address 		PPV 	PP

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G
Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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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:

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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.

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WGTA	32	E	ATHENS GA
WSB	2	N	ATLANTA GA
WSB HD	2	N-M	ATLANTA GA
WSB BOUNCE	2.2	I-M	ATLANTA GA
WATL	36	I	ATLANTA GA
WATL HD	36	I-M	ATLANTA GA
WATL THIS	36.2	I-M	ATLANTA GA
WATL ANTE	36.3	I-M	ATLANTA GA
WAGA	5	N	ATLANTA GA
WAGA HD	5	N-M	ATLANTA GA
WGCL	46	N	ATLANTA GA
WGCL HD	46	N-M	ATLANTA GA
WPCH	17	I	ATLANTA GA
WPCH HD	17	I-M	ATLANTA GA
WPXA	14	I	ROME GA
WPXA SD	14	I-M	ROME GA
WUPA	69	N	ATLANTA GA
WXIA	11	N	ATLANTA GA
WXIA HD	11	N-M	ATLANTA GA
WXIA WEAT	11.2	I-M	ATLANTA GA
WHSB	63	I	MONROE GA
WHSB SD	63	I-M	MONROE GA
WPBA	30	E	ATLANTA GA
WPBA HD	30	E-M	ATLANTA GA
WATC	57	E	ATLANTA GA

Add Rows as Necessary

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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.

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WATC HD	57	E-M	ATLANTA GA
WUNC	59	E	CHAPEL HILL NC
WUNC HD	59	E-M	CHAPEL HILL NC
WGTV	8	E	ATHENS GA
WGTV HD	8	E-M	ATHENS GA
WGTV PBS	8.2	E-M	ATHENS GA
WGTV GPB	8.3	E-M	ATHENS GA
WLEX	39	N	LEXINGTON KY
WLEX HD	39.1	N-M	LEXINGTON KY
WLEX ME TV	39.2	N-M	LEXINGTON KY
WLEX BOUNCE	39.3	N-M	LEXINGTON KY
WKYT	21	N	LEXINGTON KY
WKYT HD	21.1	N-M	LEXINGTON KY
WKYT CW	21.2	N-M	LEXINGTON KY
WKYT CW HD	21.2	N-M	LEXINGTON KY
WKYT WEATHER	21.3	N-M	LEXINGTON KY
WDKY	19	N	LEXINGTON KY
WDKY HD	19.1	N-M	LEXINGTON KY
WDKY CHARGE	19.3	N-M	LEXINGTON KY
WDKY COMET	19.2	N-M	LEXINGTON KY
WDKY TBD	19.4	N-M	LEXINGTON KY
WTVQ	40	N	LEXINGTON KY
WTVQ HD	40.1	N-M	LEXINGTON KY
WTVQ MY KY	40.2	N-M	LEXINGTON KY
WTVQ MY KY HD	40.2	N-M	LEXINGTON KY

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WTVQ QUEST	40.6	N-M	LEXINGTON KY
WKLE	42	E	LEXINGTON KY
WKLE HD	42.1	E-M	LEXINGTON KY
WUPX	25	I	RICHMOND KY
WUPX HD	25.1	I-M	RICHMOND KY
WLJC	7	I	BEATTYVILLE KY
WLJC HD	7.1	I-M	BEATTYVILLE KY
KSNB	4	N	SUPERIOR/LINCOLN NE
KSNB HD	4.1	N-M	SUPERIOR/LINCOLN NE
KSNB ME TV	4.2	N-M	SUPERIOR/LINCOLN NE
KLKN	8	N	LINCOLN NE
KLKN HD	8.1	N-M	LINCOLN NE
KLKN GRIT TV	8.2	N-M	LINCOLN NE
KLKN ESCAPE	8.3	N-M	LINCOLN NE
KLKN LAFF TV	8.4	N-M	LINCOLN NE
KOLN	10	N	LINCOLN NE
KOLN HD	10.1	N-M	LINCOLN NE
KUON NET1 PBS	12	E	LINCOLN NE
KUON NET1 PBS HD	12.1	E-M	LINCOLN NE
KUON NET2 WLD	12.2	E-M	LINCOLN NE
KFXL	15	N	LINCOLN NE
KFXL HD	15.1	N-M	LINCOLN NE
KXVO	38	N	OMAHA NE
KXVO HD	38.1	N-M	OMAHA NE
KXVO TBD	38.2	N-M	OMAHA NE

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KXVO CHARGE!	38.3	N-M	OMAHA NE
KPRC	35	N	HOUSTON TX
KPRC HD	35.1	N-M	HOUSTON TX
KPRC D2	35.2	N-M	HOUSTON TX
KUHT	8	E	HOUSTON TX
KUHT HD	8.1	E-M	HOUSTON TX
KUHT D2	8.2	E-M	HOUSTON TX
KUHT D3	8.3	E-M	HOUSTON TX
KUHT D4	8.4	E-M	HOUSTON TX
KUHT D5	8.5	E-M	HOUSTON TX
KHOU	11	N	HOUSTON TX
KHOU HD	11.1	N-M	HOUSTON TX
KHOU BOUNCE	11.2	N-M	HOUSTON TX
KHOU JUSTICE	11.3	N-M	HOUSTON TX
KTRK	13	N	HOUSTON TX
KTRK HD	13.1	N-M	HOUSTON TX
KTRK LIVE WELL	13.2	N-M	HOUSTON TX
KTRK LAFF TV	13.3	N-M	HOUSTON TX
KETH TBN	24.1	E-M	HOUSTON TX
KTXH MYTV	19	N	HOUSTON TX
KTXH MOVIES!	19.2	N-M	HOUSTON TX
KTXH DECADES	19.3	N-M	HOUSTON TX
KTXH BUZZR	19.4	N-M	HOUSTON TX
KLTJ DAYSTAR	23.1	E-M	GALVESTON TX
KRIV	26	N	HOUSTON TX

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KRIV HD	26.1	N-M	HOUSTON TX
KIAH CW	34	N	HOUSTON TX
KIAH CW HD	34.1	N-M	HOUSTON TX
KIAH ANT TV	34.2	N-M	HOUSTON TX
KIAH COMET	34.3	N-M	HOUSTON TX
KXLN UNIVISION	30	I	ROSENBERG TX
KXLN UNIVISION HD	30.1	I-M	ROSENBERG TX
KXLN ESCAPE TV	30.3	I-M	ROSENBERG TX
KTMD TELMUNDO	22	N	GALVESTON TX
KTMD TELMUND HD	22.1	N-M	GALVESTON TX
KTMD D2	22.2	N-M	GALVESTON TX
KPXB ION	32	I	CONROE TX
KPXB ION HD	32.1	I-M	CONROE TX
KYAZ AZ	25	I	KATY TX
KYAZ HD	25.1	I-M	KATY TX
KTBU MEGA	33	I	CONROE TX
KFTH UNIMAS	36	I	ALVIN TX
KFTH UNIMAS HD	36.1	I-M	ALVIN TX
KFTH GET TV	36.2	I-M	ALVIN TX
KFTH GRIT TV	36.3	I-M	ALVIN TX
WBTV	23	N	CHARLOTTE NC
WBTV HD	23.1	N-M	CHARLOTTE NC
WBTV BOUNCE TV	23.2	N-M	CHARLOTTE NC
WBTV GRIT TV	23.3	N-M	CHARLOTTE NC
WSOC	34	N	CHARLOTTE NC

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- 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
WSOC HD	34.1	N-M	CHARLOTTE NC
WHKY	40	I	HICKORY NC
WHKY HD	40.1	I-M	HICKORY NC
WHKY THIS TV	40.2	I-M	HICKORY NC
WHKY COMET	40.3	I-M	HICKORY NC
WHKY CHARGE!	40.4	I-M	HICKORY NC
WCCB	27	N	CHARLOTTE NC
WCCB HD	27.1	N-M	CHARLOTTE NC
WCCB ANT TV	27.2	N-M	CHARLOTTE NC
WCCB ME TV	27.3	N-M	CHARLOTTE NC
WCNC	22	N	CHARLOTTE NC
WCNC HD	22.1	N-M	CHARLOTTE NC
WCNC JUST NTWK	22.2	N-M	CHARLOTTE NC
WCNC COURT TV	22.3	N-M	CHARLOTTE NC
WTVI	11	E	CHARLOTTE NC
WTVI HD	11.1	E-M	CHARLOTTE NC
WTVI NHK WLD	11.2	E-M	CHARLOTTE NC
WTVI CREATE	11.3	E-M	CHARLOTTE NC
WJZY	47	N	BELMONT NC
WJZY HD	47.1	N-M	BELMONT NC
WJZY MOVIES	47.4	N-M	BELMONT NC
WJZY HEROES	47.5	N-M	BELMONT NC
WMYT MY TV	55	I	ROCK HILL SC
WMYT MY TV HD	55.1	I-M	ROCK HILL SC
WMYT BUZZR	47.7	I-M	ROCK HILL SC

Add Rows as Necessary

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELEVIEW INC	SYSTEM ID# 0
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G
Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WMYT SONLIFE	47.3	I-M	ROCK HILL SC
WUNG	44	E	CONCORD NC
WUNG HD	44.1	E-M	CONCORD NC
WAXN	50	I-M	KANNAPOLIS NC
WAXN HD	50.1	I-M	KANNAPOLIS NC
WAXN GET TV	50.2	I-M	KANNAPOLIS NC
WAXN ESCAPE	50.3	I-M	KANNAPOLIS NC
WAXN LAFF TV	50.4	I-M	KANNAPOLIS NC
WCWG	31	I	LEXINGTON NC
WCWG BOUNCE	31.4	I-M	LEXINGTON NC
WFMY	51	N	GREENSBORO NC
WFMY HD	51.1	N-M	GREENSBORO NC
WFMY JUST	51.2	N-M	GREENSBORO NC
WFMY WEAT	51.3	N-M	GREENSBORO NC
WGHP	35	I	HIGH POINT NC
WGHP HD	35.1	I-M	HIGH POINT NC
WGHP D2	35.2	I-M	HIGH POINT NC
WGHP D3	35.3	I-M	HIGH POINT NC
WMYV	33	I	GREENSBORO NC
WMYV D2	33.2	I-M	GREENSBORO NC
WUNL	32	E	WINSTON SALEM NC
WXII	31	N	WINSTON SALEM NC
WXII HD	31.1	N-M	WINSTON SALEM NC
WXII ME TV	31.2	N-M	WINSTON SALEM NC
WXLV	29	N	WINSTON SALEM NC

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELEVIEW INC	SYSTEM ID#	0
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K Gross Receipts	<p>GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"> \$ 279,015.00 (Amount of gross receipts) </div> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>
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L Copyright Royalty Fee	<p>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.</p> <p style="text-align: center;">BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</p> <p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00</p> <p>Line 1. Royalty fee for accounting period _____</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 _____</p> <p style="text-align: center;">BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</p> <p>1. Base amount under statutory formula \$ 263,800.00</p> <p>2. Enter amount of gross receipts from space K _____</p> <p>3. Subtract line 2 from line 1 _____</p> <p>4. Enter the amount of gross receipts from space K _____</p> <p>5. Enter the amount from line 3 _____</p> <p>6. Subtract line 5 from line 4 _____</p> <p>7. Multiply line 6 by .005 (enter figure here) _____</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 _____</p> <p style="text-align: center;">BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</p> <p>1. Enter the amount of gross receipts from space K \$ 279,015.00</p> <p>2. Base amount under statutory formula \$ 263,800.00</p> <p>3. Subtract line 2 from line 1 \$ 15,215.00</p> <p>4. Multiply line 3 by .01 \$ 152.15</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00</p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,471.15</p>
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FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	<p>1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,471.15</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,491.15</p> <p style="text-align: center;">Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.</p>

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELEVIEW INC	SYSTEM ID# 0
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M Channels	<p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 185</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 405</p>	
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N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)</p> <p>Name <u>JIM POWELL</u> Telephone <u>706.896.1089</u></p> <p>Address <u>1839 HIGHWAY 17 N</u> (Number, street, rural route, apartment, or suite number) <u>YOUNG HARRIS GA 30582</u> (City, town, state, zip)</p> <p>Email <u>sandra.blade@windstream.com</u> Fax (optional) <u>330.486.3504</u></p>	
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O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] <p style="text-align: center;"> <u>X /S/ TIMOTHY P LOKEN</u></p> <p style="text-align: center;">Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: <u>TIMOTHY P LOKEN</u></p> <p>Title: <u>DIRECTOR-REGULATORY REPORTING</u> (Title of official position held in corporation or partnership)</p> <p>Date: <u>FEBRUARY 25, 2020</u></p>	
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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 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TELEVIEW INC

0

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?

NO

YES. Enter the total here and list the satellite carrier(s) below. \$

Name
Mailing Address

Name
Mailing Address

P

Special Statement Concerning Gross Receipts Exclusion

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

x

Line 2 Multiply line 1 by the interest rate* and enter the sum here -

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here -

x 0.00274

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 \$ -

(interest charge)

* 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
ID number
First community served
Accounting period

Q

Interest Assessment

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.