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

AMOUNT

ALLOCATION NUMBER

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

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY
for Secondary Transmissions by	DATE RECEIVED	IUOMA
Cable Systems (Short Form)		
	03/29/23	\$

General instructions are located in the first tab of this workbook

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20201 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.	62412
		·	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TRUVISTA COMMUNICATIONS OF GEORGIA LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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 us a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 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 suffciency of the fling, a determination that would be made by a court of law.

Name		SYSTEM ID# 62412
D	TRUVISTA COMMUNICATIONS OF GEORGIA LLC Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
	CITY OR TOWN	STATE
First Community	CARNESVILLE	GA
community	LAVONIA MARTIN	GA GA
Add Rows as Necessary		
	การและการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA						FORM SA1	TEM IC
Name							515	6241
								-
Е	SECONDARY TRANSMISSION							
–	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period						.9	
Service: Sub-	Number of Subscribers: Both							
scribers and Rates	down by categories of secondary each category by counting the nu							
Rales	separately for the particular servi						chargeu	
	Rate: Give the standard rate c						e and the	
	unit in which it is generally billed.				rd rate variations	within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ondary transmiss	sion servic	a that cable	
	systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted o				I in the count un	der "Servic	e to the	
	Block 2: If your cable system I				service that are	different fr	om those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	nd rates, in the	e right-hand block. A t	two- or thre	e-word description	on of the se	ervice is	
	sufficient.	DCK 1				BLOCK	2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB			EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:	425	27.99					
	 Service to first set Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	ES				
F	In General: Space F calls for rat	•	,	•	• •			
•	not covered in space E, that is, the service for a single fee. There are							
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the		ha aabla ayatam far a	ach of the	annliaghla aguig	an linted		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						were not	
	listed in block 1 and for which a s							
	brief (two- or three-word) descrip	tion and includ	le the rate for each.					
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SEE	RVICE	RATE	CATEGO	DRY OF SERVICE	RATI
	Continuing Services:		Installation: Non-re	sidential				
	• Pay cable	12.99	 Motel, hotel 					
	Pay cable—add'l channel		Commercial					
	Fire protection		• Pay cable					
	•Burglar protection		• Pay cable-add'l o	channel				
	Installation: Residential		Fire protection					
	• First set	39.99	Burglar protection	n				
	Additional set(s)	19.99	Other services:					
	 FM radio (if separate rate) 		 Reconnect 		30.00			
			Discourse					
	• Converter		Disconnect					
			 Disconnect Outlet relocation Move to new add 		95.00 49.99			

				0)/07EN
Name				SYSTEM 624
	TRUVISTA COMMUN			U2-
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si rried by your cable system on a si e Special Statement and Program I both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections stations carried on a substitute program in Log)—if the lso on some other ictions. SPN, etc. Identify each sport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGA	27	I	ATLANTA, GA
	WLOS	13	N	ASHVILLE, NC
as Necessary	WYFF	30	N	GREENVILLE, SC
ws as Necessary		The second s		
	WHNS	17	I	GREENVILLE, SC
	WHNS WNTV	17 8	l E	GREENVILLE, SC GREENVILLE, SC
	WNTV	8	E	GREENVILLE, SC
	WNTV WXIA	8 10	EN	GREENVILLE, SC ATLANTA, GA
	WNTV WXIA WSB	8 10 32	E N N	GREENVILLE, SC ATLANTA, GA ATLANTA, GA
	WNTV WXIA WSB WGTV	8 10 32 7	E N N E	GREENVILLE, SC ATLANTA, GA ATLANTA, GA ATHENS, GA
	WNTV WXIA WSB WGTV WYFF-D2	8 10 32 7 30.1	E N N E	GREENVILLE, SC ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC
	WNTV WXIA WSB WGTV WYFF-D2 WYCW	8 10 32 7 30.1 11	E N N E	GREENVILLE, SC ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC
	WNTV WXIA WSB WGTV WYFF-D2 WYCW WMYA	8 10 32 7 30.1 11 35	E N N E N-M I I	GREENVILLE, SC ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC
	WNTV WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA	8 10 32 7 30.1 11 35 11	E N N E N-M I I	GREENVILLE, SC ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC
	WNTV WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WYCW	8 10 32 7 30.1 11 35 11 11 11	E N N E N-M I I I N	GREENVILLE, SC ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC ASHVILLE, NC
	WNTV WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WSPA WYCW WNTV-DT2	8 10 32 7 30.1 11 35 11 11 8.1	E N N E N-M I I N I E-M	GREENVILLE, SC ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC ASHVILLE, NC GREENVILLE, SC
	WNTV WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WSPA WYCW WNTV-DT2 WNTV-DT3	8 10 32 7 30.1 11 35 11 8.1 8.2	E N N E N-M I I I E-M E-M	GREENVILLE, SC ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC ASHVILLE, NC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC

Accounting P	eriod: 2020	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
	COMMUNIC		S OF GEORGIA LLC					62412
all-band basis w Special Instruc receivable if (1) on the basis of l	t every radio s whose signals ctions Conce it is carried b monitoring, to	station ca were ge rning Al y the sys be recei	arried on a separate and disc nerally receivable by your cal I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on	ble system durin Copyright Office at the system's system's FM an	ng the accountir e regulations, ar headend, and (2 ntenna, during o	ng perioo n FM sig 2) it can certain s	d. Inal is generally be expected, tated intervals.	H Primary Transmitters: Radio
paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G Mexican or Can	rm. dentify the call tate whether if the radio stat this by placing Sive the station adian stations	l sign of the static tion's sig g a checl n's locati s, if any,	each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	sed by the cable he station is lice e station is iden	e system as a s ensed by the FC tified).	eparate CC or, in	and discrete the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						+		
		+				+		
						.		
						+		
						+		
						+		
						+		
		+				+		
						+		
		<u> </u>				<u> </u>		
							1	

Accounting Perio	od: 2020/1					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	TRUVISTA COMMUNIC	ATIONS	OF GEORGI	ALLC			62412
	SUBSTITUTE CARRIAGE				3		
1	In General: In space I, identi					ion that your cable sys	tem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE			
Special Statement and	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>ision</u> progra	
Program Log	broadcast by a distant stat	tion?				YES	X NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is '	'Yes." vou mu	ist complete the progra	
	log in block 2.	,			, jou	ier eenipiere nie pregi	
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their meaning	is
	clear. If you need more spa				aragraph") tha	t during the ecoluptin	
	period, was broadcast by a			ision program ("substitute µ ur cable svstem substitute			
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further information	on.
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" o	r
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	lo "		
				isting the substitute progra			
				ne community to which the			1
	the case of Mexican or Can			community with which the s tem carried the substitute p			onth
	first. Example: for May 7 giv		when your sys			numerais, war the m	
				gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>requir</i>	red
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed prog	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
							-
						N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	
						_	
						<u>—</u>	
						_	
						_	
						_	
						_	
			1				

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA LLC	S	*STEM ID# 62412
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	, 374.50
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 • 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.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		
	1. 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 \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	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 informat		hts!

Nome	Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of channels on which the cable system carred television breadcast stations in the subsections; you must give (1) the number of activated channels during the accounting period. 1 Infer the total number of activation which the cable system carred television breadcast stations. 17 2 Infer the total number of activated statuted channels on which the cable system carred television breadcast stations. 104 N Infer the total number of activated statuted channels on which the cable system carred television breadcast stations. 104 N Infer the total number of activated statuted channels. 104 N Infer the total number of activated stations. 104 N Infer the total number of activated statute at sufficient. 104 N Infer the total number of activated stations. 104 N Infer the total number of activated statute at sufficient. Telephone B03-S81-9148. Infer the total number of activated stations. Telephone B03-S81-9148. 104 Infer the total number of activated statute at sufficient. Telephone B03-S81-9148. 104 Infer total number of activated activatetivated activated activated	Name			LC	SYSTEM ID# 62412
and nonbraskast services N Individual to Be Contacted for Further Information Name Autzumn CASTLES Totephone Sector Certification		Instructions: Y to its subscriber 1. Enter the tota system carried 2. Enter the tota	rs, and (2) the cable system's total nun al number of channels on which the cal d television broadcast stations al number of activated channels	nber of activated channels during the accounting period.	
Individual too the can contact about this statement of account.) Individual too Name AUTUMN CASTLES Information P.O. BOX 160 Address P.O. BOX 160 We thank, state. rule state statements or state number) CHESTER, SC 23706 (b) (C) CMINE, state. rule state statement of account must be certified and signed in accordance with Copyright Office regulations) Certification • 1. the undersigned. hereby certify that (Check one, but only one, of the boxes.) Image: Control of the owner of the cable system as identified in line 1 of space B; or Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Control of the statement of account and hereby dedate under paraty of taw that all statements of the cable system as identified in line 1 of space B; or Image: Control of the statement of account and hereby dedate under paraty of taw that all statements of the cable system is identified in line 1 of space B; or Image: 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 the I of space B. In there of space B · In the statement of account and hereby dedate under paraty of taw that all statement. Enter signature und an "/d signature" (e.g., /d /oth Smith) It have completed, and corporation or partnerelife and are		and nonbroad	lcast services		104
Information Address P.O. BOX 160 Whendow, utweet, rusal roote, spacement, or suble number) CHESTER, SC 29706 C(R), term, state, cp) Email ACASTLES@TRUVISTA.BIZ Fax (optional) Certification CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 0 (Other or partnership) I am the owner of the cable system as identified in line 1 of space B; or • 0 • 0 (Other or partnership) I am an officer (f a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declars under panalty of law that all statements of fact contained herein are true, complexe, and owner to the best of my knowledge, information, and belief, and are made in good faith. • 18 U.S.C., Section 1001(1986)] Exter an electronic signature on the line above to certify this statement. There signature (e.g., ly / oin smith) • Typed or printed name: Eric Ramey • Titler Sr. Director - Administration & Regulartory Affairs <	Individual to			ORMATION IS NEEDED (Identify an individual to whom	
[Number, stored, road roote, spannent, or subs number] CHESTER, SC 20706 (City, two, state, zp) Email ACASTLES@TRUVISTA.BIZ Fax (optional) O O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) O O O Gener other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O O (Officer or partner) I am an officer (if a 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 • O (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. • 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 bast of my knowledge, information, and ballet, and are made in good faith. (B U.S.C., Section 1001(1986)) Ther or electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Eric Ramey Tite or of a		Name	AUTUMN CASTLES	Telephone	803-581-9148
(City: town, stells, 2p) Email ACASTLES@TRUVISTA.BIZ Fax (optional) Certification • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (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; or • (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 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)) Typed or printed name: Eric Ramey Typed or printed name: Eric Ramey Title: Sr. Director - Administration & Regulartory Affairs (Title of official passition held in corporation or partnership)		Address		uite number)	
O Certification Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) () (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or () (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; or () (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 () (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. • 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)] Marcel 100 (1986) Marcel 100 (1986) Marcel 200 (1996) Marcel 200 (1996) Marcel 200 (1996) <td< th=""><th></th><th></th><th></th><th></th><th></th></td<>					
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Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Eric Ramey Title: Sr. Director - Administration & Regulartory Affairs (Title of official position held in corporation or partnership)	-	 I, the undersign (Own (Ager in X (Officient I have examine are true, completion 	ned, hereby certify that (Check one, <i>but</i> oner other than corporation or partnershing of owner other than corporation or partnershing in line 1 of space B and that the owner is a cer or partner) I am an officer (if a corporation of partner) I am an of	nly one, of the boxes.) hip) I am the owner of the cable system as identified in line 1 of space B partnership) I am the duly authorized agent of the owner of the cable sy not a corporation or partnership; or pration) or a partner (if a partnership) of the legal entity identified as owner eclare under penalty of law that all statements of fact contained herein lge, information, and belief, and are made in good faith.	rstem as identified
Title: Sr. Director - Administration & Regulartory Affairs (Title of official position held in corporation or partnership)			Enter a	n electronic signature on the line above to certify this statement.	
(Title of official position held in corporation or partnership)			Typed or printed name:	Eric Ramey	
Date: 7-22-2020					
			Date:	7-22-2020	

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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public rocord, 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 t 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 lav

unting Period: 2020/1	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
VISTA COMMUNICATIONS OF GEORGIA LLC	624
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- 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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros
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.	Receipts Exclusio
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 Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
	Q
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
	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
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 Assessm
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