THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

| FOR COPYRIGHT OFFICE USE ONLY | | | | |
|-------------------------------|----------------------|--|--|--|
| DATE RECEIVED | AMOUNT | | | |
| 09/08/2020 | \$ ALLOCATION NUMBER | | | |

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.) | | | | | | | | |
|----------------------|---|--|--------------------------|--|--|--|--|--|--|
| Accounting Period | | anuary 1-June 30 2020(Year) | | July 1-December 31(Year) | | | | | |
| B Owner | Give corpo In If to | Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. 62643 | | | | | | | |
| | 1 | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | |
| | | BULLOCH COUNTY RURA | L TELEPHONE CO | OPERTIVE, INC. | 62643 | | | | |
| | 2 | BUSINESS NAME(S) OF OWNER | | | | | | | |
| | 3 | MAILING ADDRESS OF OWNER 2903 NORTHSIDE DRIVE \(Number, street, rural route, apartment, or suit STATESBORO, GA 30458 (City, town, state, zip) | WEST | | | | | | |
| C | Instr | uctions: In line 1, give any busines as already appear in space B. In line IDENTIFICATION OF CABLE SYS | 2, give the mailing addr | o identify the business and operation of the system, if different from the address of the system, if different from the address. | ne system unless these ess given in space B. | | | | |
| System | 1 | IDENTIFICATION OF CABLE STO | STEIMI. | | | | | | |
| | | MAILING ADDRESS OF CABLE S | SYSTEM: | | | | | | |
| | | | ,.,., | | | | | | |
| | 2 | (Number, street, rural route, apartment, or suite | e number) | | | | | | |
| | | (City, town, state, zip) | | | | | | | |
| D Area Served | 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 fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the | | | | | | | | |
| | identi | fied city. | , aparationa, consortium | | | | | | |
| | | CITY OR TOWN | STATE | CITY OR TOWN | STATE | | | | |
| First ► Community | | RTAL | GA GA | | | | | | |
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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 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 filling, a determination that would be made by a court of law.

| BULLOCH COUNTY RURAL TEL | EPHONE COOPER | TIVE, INC. | 62643 | Name |
|---|---|---|---------------------------------------|---------------------|
| n FCC rules: "a separate and distinct cor treas and including single, discrete uninco of system identification hereafter known as | nmunity or municipal entitions or porated areas)." 47 C.F.R is the "first community." Ple | em. A "community" is the same as a "comr y (including unincorporated communities . §76.5(dd). The first community that you lease use it as the first community on all fut or mobile home parks should be reported in | ist will serve as a form ure filings. | D Area Served |
| dentified city. | aparamente, consermante, | , | | |
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
BULLOCH COUNTY RURAL TELEPHONE COOPERTIVE, INC.

62643

Ε

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

| BLOCK | . 1 | BLOCK 2 | | | |
|----------------------------|-----------------------|---------|---|----------------------------|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | 2,230 | \$34.95 | Expanded Basic Digital Basic HBO Showtime | 1,393 199 132 112 | \$70.00 \$45.00 \$14.95 \$14.95 |
| Motel, hotel Commercial | | | Cinemax | 106 | \$12.95 |
| Converter • Residential | | | Starz | 152 | |
| Nonresidential | | | | | |

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.

| | BLO | CK 1 | | BLOCK 2 | |
|---|------|---|------|---------------------|------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| Pay cable | | 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 | | Burglar protection | | | |
| Additional set(s) | | Other Services: | | | |
| FM radio (if separate rate) | | Reconnect | | | |
| Converter | | Disconnect | | | |
| | | Outlet relocation | | | |
| | | Move to new address | | | |

Name

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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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 |
|-----------------|--------------------------------|--------------------------|------------------------|
| WSAV | 3 | N | Savannah |
| WJCL | 4 | N | Savannah |
| WTGS | 5 | N | Savannah |
| WVAN | 9 | E | Savannah |
| WTOC | 11 | N | Savannah |
| WGSA | 13 | 1 | Savannah |
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G

Primary Transmitters: Television

| | | | | | | | | FORM SA1-2. PAGE 4 |
|-----------------------------------|---|----------------|----------------|-------------------------|------------|----------|----------|---------------------|
| Name | LEGAL NAME OF O | OWNER OF CABLE | SYSTEN URAL | : _ TELEPHONE COOPER | TIVE, INC. | | | 62643 |
| Primary Transmitters: Radio | PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on all-band basis whose signals were generally receivable by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is general receivable if (1) it is carried by the system whenever it is received at the system's headend; and (2) it can be expected, the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. It detailed information about the the Copyright Office regulations on this point, see page (iv) of the general instructions 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 discressignal, 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 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 |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | Name |
|---|-------|------|
| | 62643 | 1 |
| BULLOCH COUNTY RURAL TELEPHONE COOPERTIVE, INC. | 02043 | |
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SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.

Substitute Carriage: Special Statement and

Program Log

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?

Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

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 to 16:00 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 was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

| SU | JBSTITUTE | PROGRAM | | WHEN CARRIA | SUBSTITUTE GE OCCURRED | 7. REASON FOR |
|---------------------|-----------------------|---------------------------|-----------------------|---------------------|---------------------------|------------------|
| 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 | DELETION |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: BULLOCH COUNTY RURAL TELEPHONE COOPERTIVE, INC. 62643 | |
|--------------------------|---|----------|
| | BOLLOGI GOORT ROIVE TELETHORE GOOT Extra particular | 7 |
| K 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 (vi) of the general instructions. • 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. (Amount of gross receipts) | - |
| Copyright Royalty Fee | COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 for more information. | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | \dashv |
| | 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 Line 1. Royalty fee for accounting period | - |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · · · · · · · · · · · | - |
| | Line 3. Filing Fee \$15.00 | - |
| | Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. | 1 |
| | Add lines 1, 2 and 3 |] |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) | |
| | 1. Base amount under statutory formula · · · · \$263,800 | |
| | 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 | |
| | 9. Filing Fee \$20.00 | |
| | 9. Filing Fee | - |
| | 10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9 | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) | 1 |
| | 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) | |
| i | 6. Interest Charge. Enter the amount from line 4, space Q, page 8 \$ 1.67 | |
| | 7. Filing Fee | |
| | 8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7 | |
| | IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page i of th general instructions for more information. | Э |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: BULLOCH COUNTY RURAL TELEPHONE COOPERTI | IVE. INC. 62643 | Name |
|--|---|---|
| CHANNELS Instructions: You must give (1) the number of channels on whice to its subscribers, and (2) the cable system's total number of a | ch the cable system carried television broadcast stations | M Channels |
| Enter the total number of channels on which the cable system carried television broadcast stations. | .6 | |
| Enter the total number of activated channels on which the cable system carried television broa and nonbroadcast services. | adcast stations 207 | |
| INDIVIDUAL TO BE CONTACTED IF FURTHER INFOR | RMATION IS NEEDED account.) | N |
| Name CHRIS JONES Address 2903 NORTHSIDE DRIVE WEST | Telephone 912-865-1100 (Area code) | Individual to Be Contacted for Further Information |
| (Number, street, rural route, apartment, or suite number) | | |
| Email (optional) CJONES@BULLOCH.SOLUTIONS | Fax (optional) 912-865-2500 | |
| | | |
| CERTIFICATION (This statement of account must be certified tions, as explained in the general instructions.) | ed and signed in accordance with Copyright Office regula- | 0 |
| tions, as explained in the general instructions.) | | O Certification |
| tions, as explained in the general instructions.) | y one, of the boxes.) | |
| tions, as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only (Owner other than corporation or partnership) I am the space B; or | y one, of the boxes.) owner of the cable system as identified in line 1 of | |
| I, the undersigned, hereby certify that (Check one, but only (Owner other than corporation or partnership) I am the space B; or | owner of the boxes.) owner of the cable system as identified in line 1 of I am the duly authorized agent of the owner of the e owner is not a corporation or partnership; or | |
| I, the undersigned, hereby certify that (Check one, but only (Owner other than corporation or partnership) I am the space B; or (Agent of owner other than corporation or partnership) cable system as identified in line 1 of space B, and that the (Officer or partner) I am an officer (if a corporation) or a p | owner of the boxes.) Owner of the cable system as identified in line 1 of I am the duly authorized agent of the owner of the e owner is not a corporation or partnership; or partner (if a partnership) of the legal entity identified as | |
| I, the undersigned, hereby certify that (Check one, but only (Owner other than corporation or partnership) I am the space B; or (Agent of owner other than corporation or partnership) cable system as identified in line 1 of space B, and that the owner of the cable system in line 1 of space B. I have examined the statement of account and hereby dectained herein are true, complete, and correct to the best of | owner of the boxes.) Owner of the cable system as identified in line 1 of I am the duly authorized agent of the owner of the e owner is not a corporation or partnership; or partner (if a partnership) of the legal entity identified as | |

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.

Title: GENERAL MANAGER/CHIEF OPERATING OFFICER

Date: SEPTEMBER 8, 2020

(Title of official position held in corporation or partnership)

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | TIVE INC | 62643 | | | | |
|--|--|---|---|--|--|--|--|
| | BULLOCH COUNTY RURAL TELEPHONE COOPER | IIVE, IIVO. | | | | | |
| Special Statement Concerning Gross Receipts Exclusions | PECIAL 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 (vi) of the general instructions. For puring the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions | | | | | | |
| | made by satellite carriers to satellite dish owners? | any amounts of gross receipts for | , | | | | |
| | □NO □YES. Enter the total here and list the satellite carrier(s) below\$ | | | | | | |
| | YES. Enter the total here and list the satellite carrier(s) by | elow \$ | | | | | |
| | Name Mailing address | Name Mailing address | | | | | |
| | INTEREST ASSESSMENT | | | | | | |
| Q Interest Assessment | You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (vi) of the second secon | the general instructions. | ayment or underpayment. | | | | |
| | Line 1. Enter the amount of late payment or underpayment | \$ | 3,377.31 | | | | |
| | Line 2. Multiply line 1 by the interest rate* and enter the sun Line 3. Multiply line 2 by the number of days late and enter | | x days \$607.95 | | | | |
| | Line of Manaphy line 2 by the name of any constraints | | x .00274 | | | | |
| | Line 4, Multiply line 3 by .00274** and enter here and in spa line 2, or block 2, line 8, or block 3, line 6 | | 1.67 (interest charge) | | | | |
| | * To view the interest rate chart click on www.copyright.go contact the Licensing Division at (202) 707-8150 or licens | v/licensing/interest-rate.pdf. For f sing@copyright.gov. | further assistance please | | | | |
| | **This is the decimal equivalent of 1/365, which is the inter | | | | | | |
| | Note: If you are filing this worksheet covering a statement of list below the owner, address, first community served, ID nu | mber, and accounting period as g | liven in the original liling. | | | | |
| | Owner | | | | | | |
| | Address | | | | | | |
| | ID numberFirst community served | | | | | | |
| | Accounting period | | | | | | |

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.

Add Wire

Help Print

Add Single Wire: Add Wire

| Non Repetitive Fed | | * required |
|----------------------------|-----------------------------------|------------|
| Amount:* | \$3,378.98 | |
| Currency: | USD | |
| Value Date:* | 09/08/2020 | |
| Debit Account: | 181248 - General Funds-003 | |
| Receiving Bank ID:* | 021030004 | |
| Receiving Bank Name:* | TREAS NYC FUNDS TRANSFER DIVISION | |
| Receiving Bank Address: | | |
| | WASHINGTON DC | |
| | WASHINGTON DC | |
| Beneficiary Bank ID: | | |
| Beneficiary Bank Name: | | J.A. |
| Beneficiary Bank Address: | | |
| • | | |
| | | |
| | | |
| Beneficiary Account:* | 00007985 | |
| Beneficiary Name:* | REGISTER OF COPYRIGHTS | |
| Beneficiary Address:* | 101 INDEPENDENCE AVE SE | |
| * | WASHINGTON DC 20557-6400 | |
| | | |
| | | |
| Reference for Beneficiary: | | |
| OBI: | | |
| | | |
| | | |
| | | |
| | | |
| BBI: | | |
| 7 | | |
| | | |
| | | |
| | | |
| | 404040 | |
| Requesting Party Account:* | 181248 | |

Non Repetitive Fed

Requesting Party Name:* BULLOCH COUNTY RURAL TELEPHONE COOF

Requesting Party Address:* 2903 NORTHSIDE DR W

* STATESBORO, GA 30458

Revision: 5.9

Queue

Detail Reset

Wire Transaction List

Help Print

Fed and International USD Wires must be released before 5:00 PM ET for same day processing.

| p | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
|---|------|--------|-----------|-------------|---------|--------------|-------------|---------------------------------------|-----------------------------|------------|------------------------|------------------|--------------------------|---------------------|
| | Wi | ire #△ | Status△ | Application | Line ID | Value Date △ | Batch No. 🖾 | Item Count | Customer Account No. | Amount△ | Bene Name△ | Host Ref. No. | Payment Network Ref. No. | Date/Time ▽ |
| C |) 13 | 322602 | PROCESSED | NEF | | 09/08/2020 | | | 181248 General Funds-003 | \$3,378.98 | REGISTER OF COPYRIGHTS | 200908130323H600 | 20200908F1QCZ70C000703 | 09/08/2020 13:03:42 |

TOP

| Release | Revise | Delete | Refresh | Detail Report | Totals Report | Summary Report | |
|---------|--------|--------|---------|---------------|---------------|----------------|--|
|---------|--------|--------|---------|---------------|---------------|----------------|--|

LIGHTVIEW TV | Channel Lineup

| 03 NBC HD (WSAV) |
|--|
| 04 Me TV |
| 05 Laff |
| o6 INSP |
| 07 Bounce |
| o8 Grit |
| og TV Land |
| 10 RFD TV HD |
| 11 CBS HD (WTOC) |
| 12 GPB HD (PBS) |
| 13 GPB Create |
| 14 GPB Knowledge |
| 15 CSPAN |
| 17 HSN |
| 18 QVC |
| 19 ShopHQ 20 TBN HD |
| 21 EWTN |
| 22 ABC HD (WJCL) |
| 24 Antenna TV |
| 25 Comet TV |
| 26 TBD HD |
| 27 WE TV HD |
| 28 FOX HD (WTGS) |
| 29 The CW |
| 30 GSN |
| 31 FYI |
| 32 truTV HD |
| 33 Viceland |
| 34 Fusion HD |
| 35 Paramount Network HD |
| 36 Oxygen HD |
| 37 A&E HD |
| 38 Bravo HD |
| 39 E! HD |
| 40 Freeform HD |
| 41 Oprah Winfrey Network |
| 42 BET 43 ION Television HD |
| 43 ION Television FID |

```
53 USA HD
54 Syfy HD
55 FX HD
56 FXX HD
57 FXM
58 Lifetime HD
59 Lifetime Movies HD
60 Lifetime Real Women
61 Hallmark Channel HD
62 Hallmark Movies & Mysteries
63 Hallmark Drama
64 AMC
65 TCM HD
66 IFC
67 STARZ Encore HD
68 STARZ Encore Classic HD
69 STARZ Encore Black HD
70 STARZ Encore Suspense HD
71 STARZ Encovre Action HD
72 STARZ Encore Family HD
73 STARZ Encore Westerns HD
74 Sundance
78 BBC World News
79 CNN International
80 CNBC HD
81 CNN HD
82 HLN HD
83 MSNBC HD
84 Fox News HD
85 Fox Business
86 The Weather Channel
87 Weather Now
89 ESPNEWS HD
90 ESPN HD
91 ESPN2 HD
92 ESPN Classic
93 ESPNU HD
94 Fox Sports South HD
95 Fox Sports Southeast HD
96 FS1 HD
97 Golf HD
```

98 NBCSN HD

| 201 HBO HD 202 HBO Comedy HD 203 HBO Family HD 204 HBO2 HD 205 HBO Signature HD 206 HBO Zone HD 207 HBO Latino HD 221 Showtime HD 222 SHO 2 HD 223 Showtime Showcase HI 224 Showtime Extreme HD 225 Showtime Beyond HD 226 Showtime Next HD 227 Showtime Family Zone 228 Showtime Women HD 229 TMC HD 230 TMC Extra HD 241 CINEMAX HD |
|---|
| 205 HBO Signature HD |
| 206 HBO Zone HD |
| |
| |
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| |
| |
| |
| |
| 226 Showtime Next HD |
| 227 Showtime Family Zone |
| 228 Showtime Women HD |
| 229 TMC HD |
| 230 TMC Extra HD |
| 241 CINEMAX HD |
| 242 MORE MAX HD |
| 243 ACTION MAX HD |
| 244 THRILLER MAX HD |
| 245 5STAR MAX HD |
| 246 OUTERMAX HD |
| 247 CINEMAX Spanish HD |
| 248 MOVIEMax HD |
| 261 STARZ HD |
| 262 STARZ in Black HD |
| 263 STARZ Kids HD |
| 264 STARZ Cinema HD |
| 265 STARZ Edge HD |
| 266 STARZ Comedy HD |
| 300 MC: Hit List |
| 302 MC: Dance/EDM |
| 303 MC: Indie |
| |
| 304 MC: Hip-Hop and R&B 305 MC: Rap |
| 306 MC: Hip-Hop Classics |
| |
| 307 MC: Throwback Jams |
| 308 MC: R&B Classics |
| 309 MC: R&B Soul |
| 310 MC: Gospel |
| 311 MC: Reggae |
| |

HD

| 312 MC: Rock 313 MC: Metal 314 MC: Alternative 315 MC: Adult Alternative 316 MC: Rock Hits 317 MC: Classic Rock 318 MC: Soft Rock 319 MC: Love Songs 320 MC: Pop Hits 321 MC: Party Favorites 322 MC: Teen Beats 323 MC: Kidz Only! 325 MC: Y2K 326 MC: 90's 327 MC: 80's 328 MC: 70's 329 MC: Solid Gold Oldies 330 MC: Pop & Country 331 MC: Today's Country 331 MC: Classic Country 332 MC: Country Hits 333 MC: Classic Country 334 MC: Contemporary Christian 335 MC: Pop Latino 336 MC: Musica Urbana 337 MC: Mexicana 338 MC: Tropicales 339 MC: Romances 340 MC: Sounds of the Seasons 341 MC: Stage & Screen 342 MC: Soundscapes 343 MC: Smooth Jazz 344 MC: Jazz 345 MC: Blues 346 MC: Singers & Swing 347 MC: Easy Listening 348 MC: Classical Masterpieces 349 MC: Light Classical 350 MC: Toddler Tunes 351 MC: MAX |
|--|



50 BBC America

51 TBS HD

52 TNT HD

