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	F
for Secondary Transmissions by	DATE RE
Cable Systems (Short Form)	7/8/2021
General instructions are located	
in the first tab of this workbook	

FOR COPYRIGHT OFFICE USE ONLY

 DATE RECEIVED
 AMOUNT

 3/2021
 \$

 ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Darien Communications, Inc
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		POB 575 (Number, street, rural route, apartment, or suite number)
		Darien, GA 31305 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Darien Communications, Inc	620					
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Area Served	city.	nome parks should be reported in parentneses below the identi					
	CITY OR TOWN	STATE					
First	Darien	GA					
Community	McIntosh	GA					
	Townsend	GA					
Rows as Necessary							

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 6201
	Darien Communications	s, inc							
Е	In General: The information in s	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES n General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information							
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated-n	ot the nur	nber of set	s receiving serv	, /ice).	0	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	· · ·	,				s within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ice that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			0		0			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, ngnt-nand			e-word descript			
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS F	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	000001100			0,111				
	Service to first set	1	1,709	15.00	Expand	led			55.0
	 Service to additional set(s) 								
	• FM radio (if separate rate)				Digital				18.9
	Motel, hotel								
	Commercial				HD				15.9
	Converter								
	Residential			4.95					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATE	s				
E	In General: Space F calls for rate					ll your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There are furnished at cost or (2) services		,		0		0 (/	
Other Than	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,								
Secondary	enter only the letters "PP" in the rate column.								
Transmissions: Rates	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								
Nates	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) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGOR			RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation		idential				
	• Pay cable		• Motel, h						
	Pay cable—add'l channel		Comment Devices						
	Fire protection		• Pay cab		oprol				
	•Burglar protection			le-add'l ch	iannei				
	Installation: Residential • First set	70.00	Fire prot						
	Additional set(s)	70.00	• Burgiar	protection					
	• FM radio (if separate rate)		• Reconne			35.00			
	Converter	4.95				00.00			
			··· ·····						
					ess	32.00 70.00			

	LEGAL NAME OF OWNER O	DE CABLE SYSTEM		SYSTEM						
Name				62						
	Darien Communications, Inc									
	PRIMARY TRANSMITTERS: TELEVISION									
G		lentify every television station (including t em during the accounting period, except	•	,						
•		CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary		6.59(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								
nsmitters: elevision		as explained in the next paragraph. s: With respect to any distant stations ca	rried by your cable system on a sub	stitute program						
elevision		rules, regulations, or authorizations:	and by your cable system of a sub							
		re in space G—but do list it in space I (th	e Special Statement and Program L	.og)—if the						
	station was carried only of		both on a substitute basis and also	on some other						
		also in space I, if the station was carried ion concerning substitute basis stations,								
	Column 1: List each station	on's call sign. <i>Do not</i> report origination p	rogram services such as HBO, ESP	N, etc. Identify each						
		ed with a station according to its over-the-	-air designation. For example, repo	rt multistream						
	"WETA-2" as the same on Column 2: Give the chan	nel number the FCC assigned to the telev	vision station for broadcasting over t	he air in its community						
	· · · · · · · · · · · · · · · · · · ·	VRC is channel 4 in Washington, D.C.	5	2						
		h case whether the station is a network s	, , , ,							
		ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o								
	For the meaning of these t	erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	,						
		on of each station. For U.S. stations, list		5						
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	e community with which the station	is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
				Savannah GA						
ows as Necessary	WASV			Savannah, GA						
ows as Necessary	WASV			Savannah, GA						
ows as Necessary	WASV WVAN			Savannah, GA Savannah, GA						
ows as Necessary										
ows as Necessary	WVAN			Savannah, GA						
ows as Necessary										
ows as Necessary	WVAN			Savannah, GA						
ows as Necessary	WVAN WGSA			Savannah, GA Savannah, GA						
ows as Necessary	WVAN			Savannah, GA						
ows as Necessary	WVAN WGSA WJCL			Savannah, GA Savannah, GA Savannah, GA						
ows as Necessary	WVAN WGSA			Savannah, GA Savannah, GA						
ows as Necessary	WVAN WGSA WJCL			Savannah, GA Savannah, GA Savannah, GA						
ows as Necessary	WVAN WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA						
ows as Necessary	WVAN WGSA WJCL			Savannah, GA Savannah, GA Savannah, GA						
ows as Necessary	WVAN WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA						
ows as Necessary	WVAN WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						
ows as Necessary	WVAN WGSA WJCL WTOC WPXC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA						

EGAL NAME OF			YSTEM:					SYSTEM IE
Darien Com	nunication	is, Inc						620
	every radio s	tation ca	rried on a separate and discre					Н
Special Instruct eceivable if (1) on the basis of it for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate it Column 4: G	tions Concernities carried by monitoring, to mation about m. entify the call tate whether the radio state the radio state this by placing ive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a checl y's locati	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	copyright Office re t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	egulations, an adend, and (2) nna, during ce ge (v) of the ge ystem as a se red by the FCC	FM sigr) it can b ertain sta eneral ir parate a	al is generally be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#		
Name	Darien Communicatior	ns, Inc						62016		
Substitute	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 in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Carriage:										
Special Statement and	 During the accounting period 				is, any nonne	twork telev	/ision prograr	n		
Program Log	broadcast by a distant stat	ion?	-	-	-		YES	× NO		
	Note: If your answer is "No'	', leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust comple	te the progra	m		
	log in block 2. 2. LOG OF SUBSTITUTE									
	 clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> 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 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 during the accounting period; enter the letter "P" if the lis									
		effect on October 19, 1976. SUBSTITUTE PROGRAM						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	AGE OCO 6. FROM	TIMES — TO	DELETION		
							_			
							_			
							_			
							_			
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							_			
]		_			
					<u> </u>			•		

-	2021/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID					
Name	Darien Communications, Inc			_	620 ⁻					
K Gross Receipts	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			\$ 14 (Amount of gr	2,515.00 oss receipts)					
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 t Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	63,800						
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for th	is six-month						
	Line 1. Royalty fee for accounting period									
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,1	00)						
	1. Base amount under statutory formula	\$	263,800.00							
	2. Enter amount of gross receipts from space K	\$	142,515.00							
	3. Subtract line 2 from line 1	\$	121,285.00							
	4. Enter the amount of gross receipts from space K		\$	142,515.00						
	5. Enter the amount from line 3		\$	121,285.00						
	6. Subtract line 5 from line 4		\$	21,230.00						
	7. Multiply line 6 by .005 (enter figure here)			\$	106.15					
	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)						
	Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula		263,800.00							
	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									
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
	FILING FEE AND TOTAL REMITTANCE DU	E								
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		¢	106.15						
Total Remittance Due										
	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	126.15					
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!									

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: Inications, Inc				SYSTEM ID# 62016
M Channels	to its subscribe 1. Enter the tota system carrie	rs, and (2) the cable system's al number of channels on whic ed television broadcast station	total num h the cab s	els on which the cable system carried ber of activated channels during the a	accounting period.	7
	on which the	al number of activated channe cable system carried televisio dcast services	n broadc	ast stations		274
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	Ken Johnson			Telephone 9	012-437-6615
	Address	1011 North Way (Number, street, rural route, apartr Darien, GA 31305 (City, town, state, zip)	ment, or sui	te number)		
	Email	Ken.Johnson@	dtctel.co	m	Fax (optional	
	CERTIFICATION	(This statement of account mu	ust be cer	tified and signed in accordance with (Copyright Office regulations)	
O Certification		ed, hereby certify that (Check or		<i>ly one</i> , of the boxes.) p) I am the owner of the cable system a	as identified in line 1 of space B; (or
		in line 1 of space B and that the er or partner) I am an officer (i	e owner is	artnership) I am the duly authorized ag s not a corporation or partnership; or ation) or a partner (if a partnership) of t		
		ete, and correct to the best of m	-	clare under penalty of law that all stater ge, information, and belief, and are ma		
				"/s/ Mary Lou Forsyth electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/	•	
		Typed or printed		Mary Lou Forsyth		
		Title: (Tit	Presic tle of officia	lent I position held in corporation or partnership)		
		Date:			July 8, 2021	

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unting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ien Communications, Inc	62016
 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	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	

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