This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY			
DATE RECEIVED AMOUNT			
08/05/2022	\$ ALLOCATION NUMBER		

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting 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
		Sandhill Connextions
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 519, 122 S. Main Street
		(Number, street, rural route, apartment, or suite number) Jefferson, SC 29718 (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.

	<u></u>	FORM SA1-2E. PAG	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Connextions	SYSTEM 220	
	Instructions: List each separate community served by the cable system. A "com		
D	"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 know 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 mo identified city.	bile home parks should be reported in parentheses below the	
	CITY OR TOWN	STATE	
First	Bennettsville	SC	
Community	Clio	SC	
	McColl	SC	
d Rows as Necessary	Tatum	SC	
	Cheraw	SC	
	Chesterfield	SC	
	Darlington	SC	
	Wallace	SC	
	Society Hill	SC	
	McBee	SC	

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Sandhill Connextions

SYSTEM ID# 22004

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.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,105	44.95	Expanded Basic	973	49.00
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
					······

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Starz/Encore	15.95
 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	90.00		
		 Move to new address 			

Nama	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:		LEGAL NAME OF OWNER OF CABLE SYSTEM:			
Name	Sandhill Connextions	IPTV					
E	SECONDARY TRANSMISSION In General: The information in sp	pace E should cover a	I categories of	secondary			
Secondary	system, that is, the retransmission						
Secondary ransmission	about other services (including pay cable) in space F, not here. All the facts you salest day of the accounting period (June 30 or December 31, as the case may be)						
rvice: Sub-							
cribers and	Number of Subscribers: Both blocks in space E call for the number of subscridown by categories of secondary transmission service. In general, you can comp						
Rates	each category by counting the nu	•	.				
	separately for the particular service Rate: Give the standard rate ch						
	unit in which it is generally billed.	· ·	•				
	category, but do not include disco	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 secor					
	systems most commonly provide to their subscribers. Give the number of subscrib						
		that applies to your system. Note: Where an individual or organization is receiving					
	categories, that person or entity s subscriber who pays extra for call						
	first set" and would be counted or						
	Block 2: If your cable system h						
	printed in block 1 (for example, tie						
	with the number of subscribers ar sufficient.	nd rates, in the right-h	and block. A tw	o- or three			
	BLC	OCK 1					
	1						
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATE			
	CATEGORY OF SERVICE Residential:		RATE	CATE			
			37.45				
	Residential:	SUBSCRIBERS					
	Residential: • Service to first set	SUBSCRIBERS					
	Residential:	SUBSCRIBERS					
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	SUBSCRIBERS					
	Residential:	SUBSCRIBERS		Expand			
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial	SUBSCRIBERS					

F

Services Other Than Secondary Transmissions: Rates **In General:** Space F calls for rate (not subscriber) information with respect to all y not covered in space E, that is, those services that are not offered in combination service for a single fee. There are two exceptions: you do not need to give rate in furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate info amount of the charge and the unit in which it is usually billed. If any rates are charenter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the ap **Block 2:** List any services that your cable system furnished or offered during th

listed in block 1 and for which a separate charge was made or established. List th brief (two- or three-word) description and include the rate for each.

	BLOCK 1		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	
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 	

SYSTEM ID# 22004

transmission service of the cable tem to subscribers. Give information state must be those existing on the

bers to the cable system, broken ute the number of subscribers in persons or organizations charged receiving service).

I the amount of the charge and the rate variations within a particular rate

ndary transmission service that cable bers and rate for each listed category g service that falls under different able category. Example: a residential n the count under "Service to the

ervice that are different from those ary transmissions), list them, together word description of the service is

BLOCK 2		
GORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
ed Basic	59	62.00

your cable system's services that were with any secondary transmission formation concerning (1) services armation should include both the rged on a variable per-program basis,

oplicable services listed.
e accounting period that were not

nese other services in the form of a

	BLOCK 2		
RATE	CATEGORY OF SERVICE	RATE	
	Starz/Encore	12.00	
	Epix	7.00	
90.00			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

22004

Sandhill Connextions

PRIMARY TRANSMITTERS: TELEVISION

G

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBTW DT	21	l	Florence, SC
WBTW 2	18	<u> </u>	Myrtle Beach, SC
WBTW HD	18.1	I-M	Myrtle Beach, SC
WFXB DT	18.2	I-M	Myrtle Beach, SC
WFXB MeTV	18.3	I-M	Myrtle Beach, SC
WFXB Weather	45	I	Florence, SC
WFXB HD	45.1	I-M	Florence, SC
WJPM DT	16	N	Florence, SC
WJPM HD	16.1	N-M	Florence, SC
WPDE DT	32	N	Myrtle Beach, SC
WPDE HD	32.1	I-M	Myrtle Beach, SC
WMBF DT	32.2	I-M	Myrtle Beach, SC
WMBF HD	32.3	I-M	Myrtle Beach, SC
WMBF Bounce TV	13	N	Florence, SC
WMBF Grit	13.1	I-M	Florence, SC
WWMB	13.2	I-M	Florence, SC
	•		

••	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:
Name	Sandhill Connextions	IPTV
	PRIMARY TRANSMITTERS:	TELEVISION
G	carried by your cable system du FCC rules and regulations in ef	y every television station (including transuring the accounting period, except (1) fect on June 24, 1981, permitting the call and (4), or 76.63 (referring to 76.61(e)
Primary ransmitters: Television	substitute program basis, as ex Substitute Basis Stations: Wi	plained in the next paragraph. th respect to any distant stations carrie
	basis under specific FCC rules,Do <i>not</i> list the station here in station was carried <i>only</i> on a station.	space G—but do list it in space I (the S
	basis. For further information of Column 1: List each station's of multicast stream associated wit "WETA-2" as the same on the f Column 2: Give the channel nut of license. For example, WRC Column 3: Indicate in each case educational station, by entering (for independent multicast), "E"	in space I, if the station was carried be encerning substitute basis stations, see call sign. <i>Do not</i> report origination program a station according to its over-the-air form. Some umber the FCC assigned to the television is channel 4 in Washington, D.C. see whether the station is a network station the letter "N" (for network), "N-M" (for reform noncommercial educational), or "E
	Column 4: Give the location of	s, see page (iv) of the general instruction each station. For U.S. stations, list the stations, if any, give the name of the c
	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN	each station. For U.S. stations, list the stations, if any, give the name of the c 2. B'CAST CHANNEL NUMBER
	Column 4: Give the location of FCC. For Mexican or Canadian	each station. For U.S. stations, list the stations, if any, give the name of the c
	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN	each station. For U.S. stations, list the stations, if any, give the name of the control of the
Rows as Necessary	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT	each station. For U.S. stations, list the stations, if any, give the name of the company. 2. B'CAST CHANNEL NUMBER 64
ៅ Rows as Necessary	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH	each station. For U.S. stations, list the stations, if any, give the name of the c 2. B'CAST CHANNEL NUMBER 64 48
d Rows as Necessary	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS	each station. For U.S. stations, list the stations, if any, give the name of the c 2. B'CAST CHANNEL NUMBER 64 48 10
d Rows as Necessary	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS WISDT2	each station. For U.S. stations, list the stations, if any, give the name of the c 2. B'CAST CHANNEL NUMBER 64 48 10 10.1
d Rows as Necessary	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS WISDT2 WBTV-DT	each station. For U.S. stations, list the stations, if any, give the name of the c 2. B'CAST CHANNEL NUMBER 64 48 10 10.1 3.2
ld Rows as Necessary	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS WISDT2 WBTV-DT WCCB-DT	each station. For U.S. stations, list the stations, if any, give the name of the c 2. B'CAST CHANNEL NUMBER 64 48 10 10.1 3.2 18
dd Rows as Necessary	Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS WISDT2 WBTV-DT WCCB-DT WCCB-DT3	each station. For U.S. stations, list the stations, if any, give the name of the c 2. B'CAST CHANNEL NUMBER 64 48 10 10.1 3.2 18 18.1

WJPM HD

16.1

WJPM-DT3	16.2
WJZY	46
WLTX	17
WMYT	25
WOLO-TV	8
WPDE DT	15
WSOC-DT	12
WSOC-DT2	12.1
WWMB	21

SYSTEM ID# 22004

slator stations and low power television stations; stations carried only on a part-time basis under arriage of certain network programs [sections (2) and (4))]; and (2) certain stations carried on a

d by your cable system on a substitute program

pecial Statement and Program Log)—if the

th on a substitute basis and also on some other page (v) of the general instructions. am services such as HBO, ESPN, etc. Identify each designation. For example, report multistream

on station for broadcasting over the air in its community

on, an independent station, or a noncommercial network multicast), "I" (for independent), "I-M" -M" (for noncommercial educational multicast). ns in the paper SA1-2 form. community to which the station is licensed by the ommunity with which the station is identified.

3. TYPE OF STATION	4. LOCATION OF STATION
1	Kannapolis, NC
I	Columbia, SC
N	Columbia, SC
N	Columbia, SC
N-M	Charlotte, NC
<u> </u>	Charlotte, NC
I-M	Charlotte, NC
N	Charlotte, NC
1	Hickory, NC
E	Florence, SC
E-M	Florence, SC

E-M	Florence, SC
	Belmont, NC
N	Columbia, SC
	Rock Hill, SC
N	Columbia, SC
N	Florence, SC
N	Charlotte, NC
N-M	Charlotte, NC
	Florence, SC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Sandhill Connextions 22004

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						[
						ļ	
						[
						[
						 	
						ļ	
						L	

Accounting Perio	od: 2022/1							FORM	1 SA1-2E. PAGE 5.	
		CABLE SYS	STEM:						SYSTEM ID#	
Name	Sandhill Connextions								22004	
Substitute Carriage: Special Statement and Program Log	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 • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.									
	Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
	9	I IBCTITI IT	E PROGRAN	4		N SUBS			7. REASON FOR	
	TITLE OF PROGRAM	1	3. STATION'S		CARRIAGE OCCURRED 5. MONTH 6. TIMES				DELETION	
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	_	TO		
							_			
							-=-			
-										

counting Period:	2022/1			FORM S	SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM II				
Hamo	Sandhill Connextions				2200				
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an	d the amou	int you nay. En	ter the total of					
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								
Fross Receipts	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	on or now u	o compute triis i	amount, see					
	during the accounting period			\$ 31	13,747.50				
	IMPORTANT: You must complete a statement in space P concerning gross rec	ceipts.		(Amount of g	ross receipts)				
1	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright	Complete block 1, block 2, or block 3.								
Royalty Fee	 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 b 			263,800					
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for	this six-mon					
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	100)					
	Base amount under statutory formula	\$	263,800.00	<u>-</u> -					
	Enter amount of gross receipts from space K			-					
	3. Subtract line 2 from line 1			-					
	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 I	ess than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	313,747.50						
	Base amount under statutory formula	\$	263,800.00	•					
	3. Subtract line 2 from line 1	\$	49,947.50	-					
	4. Multiply line 3 by .01		\$	499.48					
	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					
					4 040 40				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, 5, and 6 .		3	1,818.48				
	FILING FEE AND TOTAL REMITTANCE DU	E							
-	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,818.48					
Filing Fee and otal Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Filing Fee (See the instructions for more information on filing fee calculations) .			1,818.48					
otal Remittance			\$		1,838.48				
otal Remittance	Filing Fee (See the instructions for more information on filing fee calculations) .			20.00					

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF OW Sandhill Connext	NER OF CABLE SYSTEM: ions		SYSTEM ID# 22004			
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cable	nd (2) the cable system's total r mber of channels on which the evision broadcast stations mber of activated channels e system carried television broad	dcast stations	202			
N Individual to Be Contacted	INDIVIDUAL TO B		NFORMATION IS NEEDED (Identify an individual to whom				
for Further Information	30.1	lissy Sikes	Telephone	843-658-6850			
	"(i J	C.O. Box 519 lumber, street, rural route, apartment, of efferson, SC 29718	or suite number)				
	Email	ity, town, state, zip) missy.sikes@mysar	ndhill.net Fax (optional)				
	CERTIFICATION (Th	is statement of account must be	e certified and signed in accordance with Copyright Office regulations)				
O Certification	• I, the undersigned,	hereby certify that (Check one,b	ut only one, of the boxes.)				
	(Owner o	ther than corporation or partne	ership) I am the owner of the cable system as identified in line 1 of space E	3; or			
			or partnership) I am the duly authorized agent of the owner of the cable s is not a corporation or partnership; or	system as identified			
	(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.						
		and correct to the best of my know	by declare under penalty of law that all statements of fact contained herein wledge, information, and belief, and are made in good faith.				
			X /s/ C. Lee Chambers				
			er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith)				
		Typed or printed nan	ne: C. Lee Chambers				
		Title: CE	O/Manager position held in corporation or partnership)				
		Date:	08/04/2022				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 22004 Sandhill Connextions 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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 Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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 * 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

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