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							
3/2/23	\$							
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
		20222 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								
		TRUVISTA COMMUNICATIONS OF GEORGIA								
		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 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	stem   IDENTIFICATION OF CABLE SYSTEM:									
	1 TRUVISTA									
		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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ramo	TRUVISTA COMMUNICATIONS OF GEORGIA	379
	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	nat you list will serve as a form of system identification hereafter kno ilings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
<b>-</b>	CITY OR TOWN	STATE
First	CLAYTON	GA
Community	DILLARD	GA
	RABUN COUNTY	GA
Rows as Necessary	TIGER	GA
	MOUNTAIN CITY	GA
	0.0000	

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#37920

### TRUVISTA COMMUNICATIONS OF GEORGIA

# 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	701	43.99					
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel	890						
Commercial							
Converter							
Residential							
Non-residential							
					1		

# 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	12.99	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	39.99	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	19.99	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	95.00		
		Move to new address	49.99		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

### TRUVISTA COMMUNICATIONS OF GEORGIA

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGA	27	l	ATLANTA, GA
WAGA HD	27.1	I-M	ATLANTA, GA
WGCL	19	N	ATLANTA, GA
WGTV	7	E	ATHENS, GA
WGTV HD	7.1	E-M	ATHENS, GA
WMYA	35	l	ATHENS, GA
WPCH	31	l	ATLANTA, GA
WSB	32	N	ATLANTA, GA
WSB HD	32.1	N-M	ATLANTA, GA
WYFF	30	N	GREENVILLE, SC
WYFF HD	30.1	N-M	GREENVILLE, SC
WYFF-THIS TV	30.2	I-M	GREENVILLE, SC
WSB-BOUNCE	32.2	I-M	ATLANTA, GA
WSPA	7	N	SPARTANBURG, SC
WATL	25	l	ATLANTA, GA
WXIA	11	N	ATLANTA, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# TRUVISTA COMMUNICATIONS OF GEORGIA

37920

### 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 SICN	AM 05 EM	C/D	LOCATION OF STATION	CALLSION	ΛΝΛ ος ΓΝΑ	6/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
						ļ	
L							
	L	Щ.			1		1

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF TRUVISTA COMMUNI							SYSTEM ID# 37920
	TROVISTA COMMON	CATIONS	OF GEORG	JIA .				3/920
Substitute Carriage: Special Statement and Program Log	broadcast by a distant standard broadcast broadcast by a distant standard broadcast broadcast by a distant standard broadcast by a distant standard broadcast br	tify every no accounting prining that mu  T CONCEI riod, did you ation?  T', leave the E PROGRA stitute prograce, please	period, under sparse be included RNING SUBS ur cable system e rest of this paramon a separadd additiona	ision program, broadcast by pecific present and former F in this log, see page (v) of the strict CARRIAGE of the carry, on a substitute based blank. If your answer is crate line. Use abbreviations	y a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r	ulations, contructions network temust com	or authorization in the paper Selevision progression progression progression progression progression progression progression their meaning their meaning progression progressi	gram  X NO gram gram
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m."	egulations, iries like "mo. Bulls." m was broa sign of the adcast statinht and day ive "5/7." nes when th . Example: ter "R" if the and regulatemming that	or authorization ovies" or "bask adcast live, ent station broadd ion's location (ons, if any, the when your sy e substitute pro a program car e listed programions in effect of	ns. See page (v) of the ge ketball." List specific prograter "Yes." Otherwise enter casting the substitute prograthe community to which the community with which the extern carried the substitute rogram was carried by you ried by a system from 6:01 m was substituted for programing the accounting perioder.	neral instruct am titles, for e "No." ram. e station is lide program. Us r cable system i:15 p.m. to 6 ramming that od; enter the later FCC rules	censed by entified). se numerations point the continuous continuou	rther informa "I Love Lucy"  the FCC or, als, with the retimes accur m. should be tem was requ f the listed pr lations in	in month
	S	UBSTITUT	E PROGRAM	1		N SUBST AGE OC	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
		res or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	PROM		
								"
								"
		<del> </del>						
		<del> </del>						
							_	
							_	

	2022/2				A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA			S	YSTEM II 3792
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	system's se	condary transm	ission service	
	during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross re			\$ 18 (Amount of gr	<b>5,021.94</b> 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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty 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 in	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	100)	
	Base amount under statutory formula		263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	185,021.94	-	
	3. Subtract line 2 from line 1	\$	78,778.06	-	
	4. Enter the amount of gross receipts from space K		\$	185,021.94	
	5. Enter the amount from line 3		\$	78,778.06	
	6. Subtract line 5 from line 4		\$	106,243.88	
	7. Multiply line 6 by .005 (enter figure here)			\$	531.22
	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		\$	531.22
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			-	
	·		263,600.00	-	
	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) .				
	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	1, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	531.22	
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			\$	551.22

Accounting Period:	2022/2						FORM S	SA1-2E. PAGE 7.
Name		/NER OF CABLE SYSTEM: MUNICATIONS OF GEOF	RGIA					SYSTEM ID# 37920
<b>M</b> Channels	to its subscribers, a  1. Enter the total no system carried tel  2. Enter the total no on which the cable	must give (1) the number of and (2) the cable system's to umber of channels on which levision broadcast stations.  umber of activated channels le system carried television bet services.	tal number of activated char the cable 	nnels during the acc	counting period.	tations	16 91	
N Individual to Be Contacted	INDIVIDUAL TO B	EE CONTACTED IF FURTHE	ER INFORMATION IS NEED	DED (Identify an ind	lividual to whom			
for Further Information	Name	AUTUMN CASTLES			Tel	ephone 803	3-581-9148	
	(	P.O. BOX 160  Number, street, rural route, apartm  CHESTER, SC 29706  City, town, state, zip)	ent, or suite number)					
	Email	ACASTLES@TF	RUVISTA.BIZ		Fax (optional)			
	CERTIFICATION (T	his statement of account mu	st be certified and signed in	accordance with C	opyright Office regul	lations)		
O 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 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.							
		he statement of account and hand correct to the best of my 1001(1986)]				ed herein		
			X /s/ Eric Rame  Enter an electronic signature e Enter signature using an "/s/ s	on the line above to o				
		Typed or printed		ministration °	Pagularton, As	faire		
			Vice President - Adn		Regulariory At	Idlis		
		Date:			2/28/2023			

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

# TRUVISTA COMMUNICATIONS OF GEORGIA

JVISTA COMMUNICATIONS OF GEORGIA	
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 Mailing Address 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.  Line 1 Enter the amount of late payment or underpayment	Q 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	
* 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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