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					
1/27/23	\$					
	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
Accounting	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
	Hart Cable Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. Box 750 (Number, street, rural route, apartment, or suite number)
	Hartwell, GA 30643 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	DENTIFICATION OF CABLE SYSTEM:
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
	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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
	Hart Cable Inc.	40052
D	as the "first community." Please use it as the first community on all future. Note: Entities and properties such as hotels, apartments, condominiums,	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Served	identified city.	
First	CITY OR TOWN Hart County	STATE GA
Community	Avalon	GA
•	Bowersville	GA
Add Rows as Necessary	Franklin County	GA
Add Rows as Necessary	Hartwell	GA
	Lake Hartwell	GA GA
	Martin	GA
		Hart

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hart Cable Inc.

40052

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 	2,111	36.00	Hometown Digital	433	33.75	
 Service to additional set(s) 			Hometown Package	2,111	99.75	
 FM radio (if separate rate) 			Res. Digital Converter	70	5.95	
Motel, hotel			Res. HD Converter	155	5.95	
Commercial			Res. IPTV Converter	1,267	5.95	
Converter			DVR	390	9.95	
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		НВО	22.00
Pay cable—add'l channel		Commercial		Showtime	22.00
Fire protection		• Pay cable		HBO & Showtime	36.50
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	45.00	Burglar protection			
 Additional set(s) 	35.00	Other services:			
• FM radio (if separate rate)		Reconnect	65.00		
Converter		Disconnect			
		 Outlet relocation 	45.00		
		 Move to new address 	45.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40052

Hart Cable Inc.

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	5	N	Atlanta, GA
WAGA-HD	5.1	N-M	Atlanta, GA
WGGS	16	l	Greenville, SC
WGTV	8	E	Athens, GA
WHNS	21	N	Greenville, SC
WHNS-HD	21.1	N-M	Greenville, SC
WHNSDT2-COZI	21.2	N-M	Greenville, SC
WHNSDT3-Escape	21.3	N-M	Greenville, SC
WHNSDT4-Bounce	21.4	N-M	Greenville, SC
WLOS	13	N	Asheville, NC
WLOS-HD	13.1	N-M	Asheville, NC
WLOSD3-AntennaTV	13.3	N-M	Asheville, NC
WLPSD4-Stadium	13.4	N-M	Asheville, NC
WMYA	40	N	Anderson, SC
WMYA-HD	40.1	N-M	Anderson, SC
WNTV	29	E	Greenville, SC
WSPA	7	N	Spartanburg, SC
WSPA-HD	7.1	N-M	Spartanburg, SC
WYCW	62	N	Asheville, NC
WYCWDT3-getTV	62.3	N-M	Asheville, NC
WYFF	4	N	Greenville, SC
WYFF-HD	4.1	N-M	Greenville, SC
WYFFDT2-MeTV	4.2	N-M	Greenville, SC

Accounting Period: 2022/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Hart Cable Inc. 40052

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
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Assourting David	.d. 2022/2						FORM	A CA4 OF DACE F		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURIN	SYSTEM ID#		
Name	Hart Cable Inc.							40052		
		- op-ou		THE AND DOCUMENT						
1	SUBSTITUTE CARRIAG	_				tion that your a	abla avat	composition on a		
•	In General: In space I, identi substitute basis during the a									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMEN	_		-						
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta	ition?					YES	NO		
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	nust complete	the prog	ram		
	log in block 2.									
	2. LOG OF SUBSTITUT		_	ata lina. Usa abbraviations	whorever n	accibla if their	mooning	ı ic		
	clear. If you need more spa				wilelevel po	JSSIDIE, II LIIEII	meaning) is		
				vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general catego									
	"NBA Basketball: 76ers vs.		deact live, ont	er "Yes." Otherwise enter "	No."					
				easting the substitute progr						
				the community to which the			FCC or,	in		
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			vith the m	nonth		
	first. Example: for May 7 gi	ve "5/7."								
	Column 6: State the time to the nearest five minutes			ogram was carried by your				ately		
	stated as "6:00–6:30 p.m."	. Example.	a program oar	ned by a system from 6.61	. 10 p.m. to 0	.20.00 p.m. on	louid be			
				n was substituted for progr						
	to delete under FCC rules was substituted for prograr							ogram		
	effect on October 19, 1976	•	,	•		Ü				
					WHE	N SUBSTITU	TF			
	S	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON			7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME	S	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО			
		 								
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ccounting Period:	2022/2				SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Hart Cable Inc.			;	SYSTEM I 400			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you all amounts (gross receipts) paid to your cable system by subscribers for (as identified in space E) during the accounting period. For a further expl page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service during the accounting period. IMPORTANT: You must complete a statement in space P concerning grounds.	the system lanation of h	s secondary trans ow to compute this	mission serv s amount, se	ice			
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 les Use block 2 if the amount of gross receipts in space K is more than \$137 Use block 3 if the amount of gross receipts in space K is more than \$263 See page (vi) of the general instructions located in the paper SA1-2 form for receipts in space K is more than \$263	7,100 but les 3,800 but les	s than \$527,600	\$263,800				
	BLOCK 1: GROSS RECEIPTS OF	\$137,100 C	R LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the accounting period is \$52.00	royalty fee th	nat you must pay fo	or this six-mor	ntl			
	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 a	nd 2	· ·				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OF	R LESS (but	more than \$137,	100)				
	Base amount under statutory formula	\$	263,800.00	-				
	2. Enter amount of gross receipts from space K			-				
	3. Subtract line 2 from line 1			-				
	4. Enter the amount of gross receipts from space K				_			
	5. Enter the amount from line 3		• •		_			
	6. Subtract line 5 from line 4				_			
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 7 and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN	\$263,800 (b	out less than \$527	7,600)				
	Enter the amount of gross receipts from space K	\$	436,536.00					
	Base amount under statutory formula	\$	263,800.00	-				
	3. Subtract line 2 from line 1	\$	172,736.00					
	4. Multiply line 3 by .01		\$	1,727.36	_			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory form	ula)	\$	1,319.00	_			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	_			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 4, 5, an	d 6	\$	3,046.36			
	FILING FEE AND TOTAL REMITTANCE	DUE						
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	3,046.36	_			
Due	2. Filing Fee (See the instructions for more information on filing fee calculated)	tions)	\$	20.00	-			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and	13		\$	3,066.36			
	Important: Your remittance must be in the form of an electronic See page i of the general instructions in the paper				rights!			

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name	Hart Cable Inc	OWNER OF CABLE SYSTEM:	SYSTEM ID# 40052
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stati s, and (2) the cable system's total number of activated channels during the accounting period.	ons
		I number of channels on which the cable I television broadcast stations	23
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	258
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Melissa Green Telepho	ne 706-856-2238
	Address	PO Box 750 (Number, street, rural route, apartment, or suite number)	
		Hartwell, GA 30643 (City, town, state, zip)	
	Email	melissa@hartcom.net Fax (optional)	
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulation	ons)
Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	or other than corporation or partnership) I am the owner of the cable system as identified in line 1 of spa	ce B; or
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cat line 1 of space B and that the owner is not a corporation or partnership; or	ole system as identified
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as line 1 of space B.	owner of the cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained he e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	rein
		X /s/ Randy Daniel	_
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Randy Daniel	
		Title: President (Title of official position held in corporation or partnership)	
		Date: 1/26/2023	

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counting Period: 2022/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
art Cable Inc.	40052
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.	Special Statement Concerning Gross Receipts Exclusion
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 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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