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							
Accounting	20222 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							
	FAIRFIELD COMMUNICATIONS INC 004604							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	TRUVISTA COMMUNICATIONS							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	P.O. BOX 160 (Number, street, rural route, apartment, or suite number)							
	CHESTER, SC 29706							
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	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	IDENTIFICATION OF CABLE SYSTEM:							
	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 suffciency of the fling, a determination that would be made by a court of law.

ccounting Period	2022/2	FORM CALLOT DAGE 45
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	FAIRFIELD COMMUNICATIONS INC 004604	4604
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	WINNSBORO	SC
Community	RIDGEWAY	SC
	PORTIONS OF FAIRFIELD COUNTY	SC
Add Rows as Necessary		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4604

FAIRFIELD COMMUNICATIONS INC 004604

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, broker down by categories of secondary transmission service. In general, you can compute the number of subscribers it each category by counting the number of billings in that category (the number of persons or organizations charge 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 residentia 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, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	790	32.99					
 Service to additional set(s) 	-						
 FM radio (if separate rate) 							
Motel, hotel	5	5.95*/mth					
Commercial							
Converter							
Residential			*Avg per Unit				
Non-residential			233 Units				

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 no 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					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential				
 Pay cable 	12.99	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	39.99	Burglar protection				
 Additional set(s) 	19.99	Other services:				
• FM radio (if separate rate)		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:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

FAIRFIELD COMMUNICATIONS INC 004604

4604

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
WIS	10	N	COLUMBIA, SC
WIS-2	10.1	N-M	COLUMBIA, SC
WIS-3	10.2	N-M	COLUMBIA, SC
WLTX	15	N	COLUMBIA, SC
WLTX-2	15.1	N-M	COLUMBIA, SC
WOLO	7	N	COLUMBIA, SC
WOLO-2	7.1	N-M	COLUMBIA, SC
WACH	22	l	COLUMBIA, SC
WZRB	25	l	COLUMBIA, SC
WKTC	31	<u> </u>	SUMTER, SC
WKTC-2	31.1	I-M	SUMTER, SC
WKTC-3	31.2	I-M	SUMTER, SC
WRLK	33	E	COLUMBIA, SC
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FAIRFIELD COMMUNICATIONS INC 004604

4604

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.

H

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
			RICHBURG, SC				
WINDIN	7.001	<u> </u>	Trioriborro, co				
		ļ					
		 					
							
		1					
	 						
							
		 					
		†					
							
							
	1	†					

	1 2222/2									
Accounting Perio	od: 2022/2 LEGAL NAME OF OWNER OF	CARLE SVS	TEM:						FORI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	FAIRFIELD COMMUNI			4						4604
ı	SUBSTITUTE CARRIAG	_	_				ation the	at vour	· cable svs	tem carried on a
Substitute	substitute basis during the a	accounting p	eriod, under sp	oecif	ic present and former F	CC rules, re	gulations	s, or au	uthorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TIT	UTE CARRIAGE					
Special Statement and	During the accounting pe	riod, did yo	ur cable systei	m ca	arry, on a substitute bas	sis, any non	network	telev	ision prog	ram
Program Log	broadcast by a distant sta	ation?							YES	X NO
	Note: If your answer is "No	n" leave the	rest of this no	ane	hlank If your answer is	"Ves " vou	must co	mnlet	-	
	log in block 2.	, icave tile	, rest or tills pe	age	biank. If your answer is	, 103, you	must oc	inpict	e the prot	grann
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs					wherever p	ossible	if the	ir meanin	g is
	clear. If you need more spa					program")	that du	ing th	o account	ting
	period, was broadcast by a									
	under certain FCC rules, re									
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	etba	all." List specific progra	m titles, for	example	e, "I Lo	ove Lucy"	or
	Column 2: If the progra		dcast live, ent	er "`	Yes." Otherwise enter "	No."				
	Column 3: Give the call	0						1 41	F00	•
	Column 4: Give the bro the case of Mexican or Ca								e FCC or,	in
	Column 5: Give the mo	nth and day							with the r	nonth
	first. Example: for May 7 g Column 6: State the tim		o oubotituto pr	oar	am was sarried by your	ooblo ovoto	m Lint	tha tin	200 00011	otoly
	to the nearest five minutes									atery
	stated as "6:00-6:30 p.m."	•	. 0			·				
	Column 7: Enter the let to delete under FCC rules									
	was substituted for prograi									ogram
	effect on October 19, 1976	S.								
						WHE	N SUB	STITI	ITE	
	S	UBSTITUT	E PROGRAM	1			IAGE O			7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH		6. TIN	1ES	DELETION
		Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAY	FROM	1 —	то	
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counting Period:	2022/2			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FAIRFIELD COMMUNICATIONS INC 004604			S	YSTEM II
	FAIRFIELD COMMUNICATIONS INC 004604				460
I/	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar	nd the amo	unt you pay. En	iter the total of	
K Bross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the s (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)				
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross re			\$ 15 X (Amount of gro	6,372.60
		,001pto.		X (Amount of give	oss receipts)
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:				
Copyright Royalty Fee	 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 			263,800	
	See page (vi) of the general instructions located in the paper SA1-2 form for more i				
	BLOCK 1: GROSS RECEIPTS OF \$13				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt 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
	7 7 77 3				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula				
			·	-	
	Enter amount of gross receipts from space K		156,372.60	-	
	·			450 272 00	
	Enter the amount of gross receipts from space K			156,372.60	
				107,427.40	
	Subtract line 5 from line 4				244 72
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	o. Intelest diarge. Enter the amount nom line 4, space Q, page 6				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	244.73
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K			_	
	Base amount under statutory formula			=	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	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, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and	FILING FEE AND TOTAL REMITTANCE DU				
otal Remittance			\$	244.73	
Filing Fee and otal Remittance Due	FILING FEE AND TOTAL REMITTANCE DU			244.73	
otal Remittance	FILING FEE AND TOTAL REMITTANCE DU 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$		264.73

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: #MUNICATIONS INC 0046	604				SYSTEM ID# 4604
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the calc	and (2) the cable system's to	oroadcast stations	els during the acc	counting period.	stations	13
N Individual to	INDIVIDUAL TO I		ER INFORMATION IS NEEDE	D (Identify an ind	ividual to whom		
Be Contacted for Further Information	Name	AUTUMN CASTLES			Tel	lephone [803-581-9148
		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 (This statement of account mu	st be certified and signed in ac	ccordance with Co	opyright Office regu	ılations)	
O Certification	I, the undersigned (Owner (Agent in lir X (Office in lir I have examined are true, complete,	other than corporation or parties of space B and that the owner of space B. the statement of account and b, and correct to the best of my	artnership) I am the owner of the tion or partnership) I am the owner of the tion or partnership) I am the dwner is not a corporation or part if a corporation) or a partner (if a thereby declare under penalty of knowledge, information, and be	uly authorized age nership; or partnership) of th	s identified in line 1 of the owner of the elegal entity identificants of fact contain	of space E he cable s ied as owr	ystem as identified
	[18 U.S.C., Section	Typed or printed Title: (Title of off	X /s/ Eric Ramey Enter an electronic signature on Enter signature using an "/s/ signature using an "/	nature" (e.g., /s/ Jo	ohn Smith) Regulartory Af		
		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#

RFIELD COMMUNICATIONS INC 004604	4604
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."	P Special Statement Concerning Gross
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.	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	
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
x	
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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