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					
2-27-23	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACC	DUNTING 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												
		Instructions:										
В		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										
		Frontier Communications of the Carolinas										
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
		401 Merrit 7										
		(Number, street, rural route, apartment, or suite number)										
		Norwalk, CT 06851 (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	4	IDENTIFICATION OF CABLE SYSTEM:										
	1	63667										
		MAILING ADDRESS OF CABLE SYSTEM:										
	2	(Number, street, rural route, apartment, or suite number)										
		(City, town, state, zip code)										
	1	ιτοιις, τοιπι, εταιε, είγ τουε <i>)</i>										

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 filing, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	Frontier Communications of the Carolinas	636
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commu	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	is a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	an manus ah ay lah ka yanan kadi in manan kada asa halayy kha idan kifi
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	ne parks should be reported in parentheses below the identifi
Served	city.	
	CITY OR TOWN	STATE
First	Myrtle Beach	SC
Community	Charleston	SC
Community		SC
	North Myrtle Beach	
Rows as Necessary	Conway	SC
	Georgetown	SC
	Kingstree	SC
	Pampilco	SC
	Lake City	SC
	Surfside Beach	SC
	Hemmingway	SC
	Atlantic Beach	SC
	Johnsonville	SC

Accounting Period: 2022/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63667

#### **Frontier Communications of the Carolinas**

# E

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:						
<ul> <li>Service to first set</li> </ul>	78	24.99				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	14	34.99				
Converter						
<ul> <li>Residential</li> </ul>						
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set		Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

1 CALL SIGN

SYSTEM ID#

4 LOCATION OF STATION

#### Frontier Communications of the Carolinas

63667



#### 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.

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBTWDT	13	N	Primary Carrier
WPDEDT	15	N	Primary Carrier
WWMBDT	21	N	Primary Carrier
WHMCDT	23	N	Primary Carrier
WMBFDT	32	N	Primary Carrier
WFXBDT	43	N	Primary Carrier
WBTWDT2	49	N-M	WBTW is Parent
WPDEDT2	50	N-M	WBTW is Parent
WPDEDT3	51	N-M	WPDE is Parent
WWMBDT2	52	N-M	WWMB is Parent
WWMBDT3	53	N-M	WWMB is Parent
WHMCDT2	54	N-M	WHMC is Parent
WHMCDT3	55	N-M	WHMC is Parent
WMBFDT2	56	N-M	WMBF is Parent
WMBFDT3	57	N-M	WMBF is Parent
WFXBDT3	59	N-M	WFXB is Parent
WFXBDT4	60	N-M	WFXB is Parent
WCBDDT	2	N	Primary Carrier
WCSCDT	5	N	Primary Carrier
WHMCDT	23	N	Primary Carrier
WCIVDT2	36	N-M	WCIV is Parent
WCIVDT	37	N	Primary Carrier
WCIVDT3	38	N-M	WCIV is Parent
WCBDDT2	39	N-M	WCBD is Parent
WCSCDT2	40	N-M	WCSC is Parent
WCSCDT3	41	N-M	WCSC is Parent
WHMCDT2	44	N-M	WHMC is Parent
WHMCDT3	45	N-M	WHMC is Parent

3 TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63667 Frontier Communications of the Carolinas PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: substitute program basis, as explained in the next paragraph. Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## Frontier Communications of the Carolinas

63667

## 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 EM	e/D	LOCATION OF STATION	CALLSION	AM or EM	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
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Accounting Perio							FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF (		SYSTEM ID#								
Name	Frontier Communication		63667								
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T 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 furl										
Substitute		planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork tele <u>visio</u> n progra <u>m</u>										
Program Log	broadcast by a distant stati										
Frogram Log			NO								
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	2. LOG OF SUBSTITUTE										
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is										
	clear. If you need more spa				41-	. 4 41-		_			
	period, was broadcast by a	ot every no distant stati	nnetwork telev	ision program ("substitute	program") th	at, during th	accounting	g			
	under certain FCC rules, re	uistant stati nulations lo	ır authorization	s. See page (v) of the gen	eral instruction	ons for furth	anounei su er informati	alion nn			
	Do not use general categori										
	"NBA Basketball: 76ers vs.			1 1 3	,	' '	,				
				r "Yes." Otherwise enter "I							
				asting the substitute progra							
				ne community to which the			FCC or, in	l			
	the case of Mexican or Can			community with which the tem carried the substitute			with the me	nth			
	first. Example: for May 7 giv		wileli your sys	tem camed the substitute	program. Us	e numerais,	with the file	лин			
			substitute pro	gram was carried by your	cable system	. List the tim	es accurat	elv			
	to the nearest five minutes.							,			
	stated as "6:00–6:30 p.m."										
				was substituted for progra							
	to delete under FCC rules a							gram			
	was substituted for program effect on October 19, 1976.		our system wa	is permitted to defete unde	er FCC rules	and regulation	)   S   I				
	chect on october 15, 1576.										
					WHE	N SUBSTI	TUTE				
	s	UBSTITUT	E PROGRAM		CARR	IAGE OCCU	JRRED	7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	MES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то				
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Accounting Period:	2022/2	FORM S	A1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier Communications of the Carolinas	S	YSTEM ID							
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	4,127.87							
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gr	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 but less than or equal to \$2  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.	63,800.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS									
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	is six-month								
	Line 1. Royalty fee for accounting period	\$	52.00							
	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		52.00							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)								
	1. Base amount under statutory formula									
	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									
	5. Subtract line 5 from line 4									
	8. Interest charge. Enter the amount from line 4, space Q, page 8.		0.00							
	o. Interest drange. Enter the amount nom line 4, space Q, page o.		0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
	Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula	•								
	3. Subtract line 2 from line 1									
		•								
	4. Multiply line 3 by .01	1 210 00								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00								
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
	FILING FEE AND TOTAL REMITTANCE DUE									
F										
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00							
	EFT Trace # or TRANSACTION ID #									
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me									

Accounting Period:	2022/2							F	ORM SA1-2E. PAGE 7.	
Name		WNER OF CABLE SYSTEM: unications of the Carolina	as						SYSTEM ID# 63667	
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  377									
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accounts		DRMATION IS NEEDED (IC	lentify an ir	ndividual				
for Further Information	Name	Karol Whittaker					Telephone	214-534-6827		
	Address	7979 N Beltline Road								
		(Number, street, rural route, apartm	ment, or suit	ite number)						
	······································	(City, town, state, zip)								
	Email	karol.whittaker@	ftr.com			Fax (optional				
O Certification	I, the undersigne     (Owner)     (Agent)     X (Office)     I have examined are true, completed.	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  X (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.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]								
		Typed or printed Title:	name:	/s/ Jessica Matushe electronic signature on the lir nature using an "/s/ signature  Jessica Matushek  ector Accounting position held in corporation or particular to the properties of the prope	ne above to " (e.g., /s/ J	•	ent.			
		Date:				2/24/2023				

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 filing, a determination that would be made by a court of law.

Accounting Period: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Frontier Communications of the Carolinas

63667

ntier Communications of the Carolinas	63667
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.	P 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?  X 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* 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@copyright.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	
ID number	
First community served	
Accounting period	

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 filing, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #:

C	Cable Worksheet		Total amount of remittance	Nun	nber of SAs red	c'd	l Initials			
			Date of remittance	Check	☐ EFT	☐ FII	LING FEES			
Cable ID #				_		Amount	Initials			
Examined by		Reviewed by	Date examination completed	Allocatio	n number					
Space A			(enter four digit year and	l /1 (for Jan-Jun p	period) or /2 (for J	ul-Dec period) No sp	aces)			
Accounting Period	Lette	er sent	(	Information re		, ,	•			
	Acce	epted	[	Phone call/Da	te/Contact					
Space B Owner										
	Lette	er sent	[	☐ Information received						
	Acce	epted	[	Phone call/Da	te/Contact					
Space D Area Served										
	Lette	er sent	[	Information re	eceived					
	Acce	epted	[	Phone call/Date/Contact						
Space E Secondary Transission										
Service Subscribers:	Lette	er sent	[	☐ Information received						
and Rates	Accepted Phone call/Date/Contact									
Space G Primary Transmitters:										
Television	Lette	er sent		☐ Information received						
	Acce	epted		Phone call/Date/Contact						
Space H Primary Transmitters:										
Radio	Acce	epted		Phone call/Da	te/Contact					

Space I Substitute Carriage

Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	