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	
8/7/2023	\$	
	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	
	Barcode Data Filing Period (optional - see instructions)	
Accounting Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system.	
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Sandhill Connextions	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	P.O. Box 519, 122 S. Main Street (Number, street, rural route, apartment, or suite number)	
	Jefferson, SC 29718	
	(City, town, state, zip)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Name	Sandhill Connextions	220
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
ь.	separate and distinct community or municipal entity (including unincorporated comm	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	
	community." Please use it as the first community on all future filings.	•
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identit
Area	city.	
Served		
	CITY OR TOWN	STATE
First	Bennettsville	SC
Community	Clio	SC
,	McColl	SC
Rows as Necessary	Tatum	SC
	Cheraw	SC
	Chesterfield	SC
	Darlington	SC
	Wallace	SC
	Society Hill	SC
	McBee McBee	SC

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

22004

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Sandhill Connextions

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.

BLOCK 1		BLOCK	(2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	922	44.95	Expanded Basic	802	49.00
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Starz/Encore	15.95
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		 Outlet relocation 	90.00		
		 Move to new address 			

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:		
	Sandhill Connextions	IPTV		
E	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio	pace E should cover a	I categories of	secondary
Secondary Transmission Service: Sub-	about other services (including partial last day of the accounting period Number of Subscribers: Both	ay cable) in space F, n (June 30 or Decembe	ot here. All the r 31, as the cas	facts you se may be)
scribers and Rates	down by categories of secondary transmission service. In general, you can compeach category by counting the number of billings in that category (the number of separately for the particular service at the rate indicated—not the number of sets			
	Rate: Give the standard rate chunit in which it is generally billed. category, but do not include disco	narged for each catego (Example: "\$20/mth"). ounts allowed for adva	ory of service. I Summarize ar nce payment.	nclude both ny standard
	Block 1: In the left-hand block in space E, the form lists the categories of sec systems most commonly provide to their subscribers. Give the number of substruction that applies to your system. Note: Where an individual or organization is received categories, that person or entity should be counted as a subscriber in each applies.		r of subscr is receivin	
	subscriber who pays extra for cal first set" and would be counted or Block 2: If your cable system h	ole service to additionance again under "Serv	al sets would be ice to additiona	e included i Il set(s)."
	printed in block 1 (for example, ties with the number of subscribers as sufficient.			
	BLC	OCK 1		
		NO. OF		
		NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATE
	Residential: • Service to first set		RATE 37.45	CATE
	Residential: • Service to first set • Service to additional set(s)	SUBSCRIBERS		
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	SUBSCRIBERS		
	Residential:	SUBSCRIBERS		
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial	SUBSCRIBERS		
	Residential:	SUBSCRIBERS		

Services Other Than Secondary **Transmissions: Rates**

not covered in space E, that is, those services that are not offered in combination service for a single fee. There are two exceptions: you do not need to give rate in furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate info amount of the charge and the unit in which it is usually billed. If any rates are char enter only the letters "PP" in the rate column.

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

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

	BLOCK 1		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	
Continuing Services:		Installation: Non-residential	
• Pay cable		Motel, hotel	
 Pay cable—add'l channel 		Commercial	
 Fire protection 		• Pay cable	
Burglar protection		 Pay cable-add'l channel 	
Installation: Residential		 Fire protection 	
First set		Burglar protection	
Additional set(s)		Other services:	
 FM radio (if separate rate) 		Reconnect	
Converter		Disconnect	
		Outlet relocation	
		 Move to new address 	

SYSTEM ID# 22004

transmission service of the cable em to subscribers. Give information tate must be those existing on the

bers to the cable system, broken ute the number of subscribers in persons or organizations charged receiving service). I the amount of the charge and the rate variations within a particular rate

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

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

BLOCK	(2	
GORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
ed Basic	86	65.00
113103110311103111111111111111111111111		
1		

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

plicable services listed.
e accounting period that were not

iese other services in the form of a

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

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
90.00	***************************************	

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Sandhill Connextions

22004

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

Add Rows as Necessary

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

Name	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:
	Sandhill Connextions	IPTV
	PRIMARY TRANSMITTERS:	TELEVISION
G	carried by your cable system du	every television station (including tran ring the accounting period, except (1)
Primary	<u> </u>	ect on June 24, 1981, permitting the ca and (4), or 76.63 (referring to 76.61(e)
ansmitters:	substitute program basis, as exp	• • • • • • • • • • • • • • • • • • • •
elevision	Substitute Basis Stations: Wit	th respect to any distant stations carrie
	basis under specific FCC rules,Do <i>not</i> list the station here in station was carried <i>only</i> on a su	space G—but do list it in space I (the S
	•	in space I, if the station was carried bo
	basis. For further information co	ncerning substitute basis stations, see
		all sign. <i>Do not</i> report origination progr n a station according to its over-the-air
	"WETA-2" as the same on the fo	S .
	Column 2: Give the channel nu	mber the FCC assigned to the television
		s channel 4 in Washington, D.C. e whether the station is a network stati
		e wnetner the station is a network stati the letter "N" (for network), "N-M" (for i
		· · · · · · · · · · · · · · · · · · ·
	I(tot inaoponaoni maiaoaot), E	(for noncommercial educational), or "E
	For the meaning of these terms	, see page (iv) of the general instructio
	For the meaning of these terms Column 4: Give the location of	, see page (iv) of the general instruction each station. For U.S. stations, list the
	For the meaning of these terms Column 4: Give the location of	, see page (iv) of the general instructio each station. For U.S. stations, list the
	For the meaning of these terms Column 4: Give the location of	, see page (iv) of the general instructio each station. For U.S. stations, list the
	For the meaning of these terms Column 4: Give the location of	(for noncommercial educational), or "E, see page (iv) of the general instruction each station. For U.S. stations, list the stations, if any, give the name of the control o
	For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instructio each station. For U.S. stations, list the stations, if any, give the name of the c
	For the meaning of these terms. Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN	, see page (iv) of the general instruction each station. For U.S. stations, list the stations, if any, give the name of the comparison. 2. B'CAST CHANNEL NUMBER
Rows as Necessary	For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT	, see page (iv) of the general instruction each station. For U.S. stations, list the stations, if any, give the name of the compart of the co
Rows as Necessary	For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH	see page (iv) of the general instruction each station. For U.S. stations, list the stations, if any, give the name of the c 2. B'CAST CHANNEL NUMBER 64 48
Rows as Necessary	For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS	see page (iv) of the general instruction each station. For U.S. stations, list the stations, if any, give the name of the comparison of th
Rows as Necessary	For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS WISDT2	2. B'CAST CHANNEL NUMBER 64 48 10 10.1
Rows as Necessary	For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS WISDT2 WBTV-DT	2. B'CAST CHANNEL NUMBER 64 48 10 10.1 3.2
d Rows as Necessary	For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS WISDT2 WBTV-DT WCCB-DT	2. B'CAST CHANNEL NUMBER 64 48 10 10.1 3.2
d Rows as Necessary	For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN WAXN-DT WACH WIS WISDT2 WBTV-DT WCCB-DT WCCB-DT3	2. B'CAST CHANNEL NUMBER 64 48 10 10.1 3.2 18 18.1

16.1

WJPM HD

16.2
46
17
25
8
15
12
12.1
21
Z 1

SYSTEM ID# 22004

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

d by your cable system on a substitute program

pecial Statement and Program Log)-if the

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

on station for broadcasting over the air in its community

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

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

E-M	Florence, SC
<u> </u>	Belmont, NC
N	Columbia, SC
<u> </u>	Rock Hill, SC
N	Columbia, SC
N	Florence, SC
N	Charlotte, NC
N-M	Charlotte, NC
<u>l</u>	Florence, SC

Sandhill Connextions

22004

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 				 		
	l	 -			_		
	 				 		
	 				 		
	 				 		
	 				 		
					 		
					 		
	 				 		
	 				 		
	 						
	 						
					 		
					 		
	 						
	 						
							
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	1				T		
	 		 		 		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 5.									
-	LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#			
Name	Sandhill Connextions						22004		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
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 station?								
	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 PROGRAMS								
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is								
	clear. If you need more space			ows to the tables. sion program ("substitute	program") tha	t during the accoun	ting		
	period, was broadcast by a								
	under certain FCC rules, reg		•	•		•			
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy'	' or		
	"NBA Basketball: 76ers vs.		deast live enter	"Yes." Otherwise enter "N	do "				
				sting the substitute progra					
	Column 4: Give the broa	dcast statio	on's location (th	e community to which the	station is lice		in		
	the case of Mexican or Cana								
	first. Example: for May 7 giv	,	when your syst	em carried the substitute	program. Use	numerals, with the	month		
			substitute pro	gram was carried by your	cable system.	List the times accur	rately		
	to the nearest five minutes.								
	stated as "6:00-6:30 p.m."								
	Column 7: Enter the lette to delete under FCC rules a			was substituted for progra					
	was substituted for program						ogram		
	effect on October 19, 1976.	5 ,	,	'		3			
					П				
	c.	I IDOTITI IT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	7. REASON FOR		
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO)		
						_			
						_			
						_			
						_			

Accounting Period:	2023/1			FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Connextions				22004				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar 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	system's se on of how to	condary transmi compute this a	ssion service mount, see	06,860.70 ross 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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for thi	is six-month					
	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 lin	nes 1 and 2		· • <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	_				
	Base amount under statutory formula	\$	263,800.00						
	Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	Enter the amount of gross receipts from space K		·						
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	306,860.70						
	Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	43,060.70						
	4. Multiply line 3 by .01		\$	430.61					
	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 .		\$	1,749.61				
	FILING FEE AND TOTAL REMITTANCE DU	ΙE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,749.61					
Due	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			\$	1,769.61				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				hts!				

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.		
Name	Sandhill Conne	WNER OF CABLE SYSTEM: extions			SYSTEM ID# 22004		
M Channels	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.						
	Enter the total system carrie	33					
	•						
	on which the	Il number of activated channe cable system carried television directions services			202		
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDED (Identify unt.)	an individual to whom			
for Further	Name	Missy Sikes		Telephone	843-658-6850		
Information	Address	P.O. Box 519					
	Address	(Number, street, rural route, apart	ment, or suite number)				
		Jefferson, SC 29718 (City, town, state, zip)					
	Email	missy.sikes@m	wandhill not	Fax (optional			
	LIIIdii	illissy.sikes@il	iysariuriiiiet	гах (оршона			
_	CERTIFICATION ((This statement of account m	ust be certified and signed in accordance	with Copyright Office regulations)			
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						
			ation or partnership) I am the duly authoriz ne owner is not a corporation or partnership;		system as identified		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
	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)]						
	Ī		X /s/ C. Lee Chambers		-		
			Enter an electronic signature on the line abo Enter signature using an "/s/ signature" (e.g.	•			
		Typed or printed	d name: C. Lee Chambers				
		Title:	CEO/Manager				
		(Ті	itle of official position held in corporation or partners	hip)			
		Date:		8/7/2023			

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

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ndhill Connextions	22004
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? NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	<u>-</u>
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 3 Multiply line 2 by the number of days late and enter the sum here	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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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