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
8-22-23	\$
	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	20231 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
	TRUVISTA COMMUNICATIONS OF GEORGIA
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. BOX 160 (Number, street, rural route, apartment, or suite number)
	CHESTER, SC 29706 (City, town, state, zip)
	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	1 IDENTIFICATION OF CABLE SYSTEM:
	TRUVISTA
	MAILING ADDRESS OF CABLE SYSTEM:
	(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:	2023/1	FORMAN OF PLOT (
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name		37920
	TRUVISTA COMMUNICATIONS OF GEORGIA	
_	Instructions: List each separate community served by the cable system. A "comm	
D	separate and distinct community or municipal entity (including unincorporated c	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi	Il serve as a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the identified
Served	city.	
		1
	CITY OR TOWN	STATE
First	CLAYTON	GA
Community	DILLARD	GA
	RABUN COUNTY	GA
Add Rows as Necessary	TIGER	GA
	MOUNTAIN CITY	GA

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

## TRUVISTA COMMUNICATIONS OF GEORGIA

# 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			
CATECORY OF SERVICE	NO. OF	RATE	CATECORY OF SERVICE	NO. OF	RATE
CATEGORY OF SERVICE	SUBSCRIBERS	RAIE	CATEGORY OF SERVICE	SUBSCRIBERS	KAIE
Residential:					
Service to first set	715	40.00			
Service to additional set(s)					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	890				
Commercial					
Converter					
Residential					
Non-residential					
		T		T	T

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TRUVISTA COMMUNICATIONS OF GEORGIA

37920

## PRIMARY TRANSMITTERS: TELEVISION



#### Primary Transmitters: Television

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

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

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

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

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

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

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

Add Rows as Necessary

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## TRUVISTA COMMUNICATIONS OF GEORGIA

37920

## PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

<b>Accounting Perio</b>	d: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#
Name	TRUVISTA COMMUNIC	ATIONS	OF GEORGI	A				37920
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identit substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stati Note: If your answer is "No' log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon	: SPECIA fy every nor counting peng that mus  CONCER field, did you on?  Y, leave the  PROGRA itute prograce, please of every no distant stat gulations, co ies like "mo Bulls." n was broad sign of the idcast static adian static th and day	L STATEMEN Innetwork televis eriod, under spe st be included in NING SUBST ur cable system  rest of this pa  MS am on a separa add additional innetwork televion and that you or authorization ovies" or "bask dcast live, ente station broadc on's location (tons, if any, the	ate line. Use abbreviation rows to the tables. vision program ("substitute barts to the tables. vision program ("substitute barts) at the line. Use abbreviation rows to the tables. vision program ("substitute barts) as Eep page (v) of the general substitute program ("Yes." Otherwise enter asting the substitute program the substitute program ("Yes." Otherwise enter asting the substitute program ("Substitute program ("Yes." Otherwise enter asting the substitute program ("Yes."	a distant static CC rules, regular general instructions wherever possible of the program") the deformation of the proper instruction titles, for each of the proper instruction in titles, for each central instruction in the each central in	ations, or a ructions in the ructions for furtices and the ructions are ructions and the ructions and the ructions are ructions are ructions are ructions and the ructions are ructi	vision progra  vision progra  vision progra  vision progra  vES  ete the progra  neir meaning  the accountin of another st. ther informatic Love Lucy" o	m carried on a For a further -2 form.  M X NO am is g attion on. r
	first. Example: for May 7 giv Column 6: State the time 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 program effect on October 19, 1976.	es when the Example: a er "R" if the and regulati aming that y	a program carr listed progran ons in effect d	ied by a system from 6:0° n was substituted for prog uring the accounting perions as permitted to delete und	ramming that bd; enter the keler FCC rules	28:30 p.m. your syste etter "P" if t	. should be m was requin the listed prog tions in	ed
		2. LIVE?	3. STATION'S		5. MONTH	_	TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>         то</u>	
							_	
							_	
					-			
					-	<del> </del>		
					-			
					-			
					-	<del> </del>		
			 			<b></b>		
			 		_			
							_	
							_	
							_	
					-	<del> </del>		
					-	<del> </del>		
					-			
					-	<b></b>		
					_			
		<b>.</b>					_	

Accounting Period:	2023/1			FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA			\$	SYSTEM ID: 37920
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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-	ystem's se on of how	econdary transi to compute this	mission services amount, see	
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 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in space K is more than \$263,800 the seep block 3 if the amount of gross receipts in \$260,800 the seep block 3 if the amount of gross receipts in \$260,800 the seep block 3 i	out less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00  Line 1. Royalty fee for accounting period				0.00
	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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES  1. Base amount under statutory formula	,	263,800.00		
	2. Enter amount of gross receipts from space K	\$	171,600.00	_	
	3. Subtract line 2 from line 1	\$	92,200.00	_	
	Enter the amount of gross receipts from space K		\$	171,600.00	
	5. Enter the amount from line 3		. \$	92,200.00	
	6. Subtract line 5 from line 4		\$	79,400.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	397.00
	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 at	nd 8		\$	397.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263.	,800 (but	less than \$52	7,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00	_	
	3. Subtract line 2 from line 1		· · · · · · · · · · · · · · · · · · ·	_	
	4. Multiply line 3 by .01			_	
	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	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE	Ē			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$_	397.00	
Total Remittance 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			\$	417.00
	Important: Your remittance must be in the form of an electronic paym  See page i of the general instructions in the paper SA1-2	nent payal	ole to the Regis	ster of Copyrigi	

Accounting Period:	: 2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA	SYSTEM ID# 37920
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.	16 91
N Individual to Be Contacted for Further		9148
Information	Address  P.O. BOX 160 (Number, street, rural route, apartment, or suite number)	3146
	CHESTER, SC 29706 (City, town, state, zip)	
	Email ACASTLES@TRUVISTA.BIZ Fax (optional	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(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</li> <li>(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 in line 1 of space B.</li> <li>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)]     </li> </ul>	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Title:  Vice President - Administration & Regulartory Affairs  (Title of official position held in corporation or partnership)	
	Date: 8/17/2023	

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.

Accounting Period: 2023/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TRUVISTA COMMUNICATIONS OF GEORGIA	37920
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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@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	

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.

CONTROL #: REMITTANCE #:

Radio

Accepted

C	Ca. Wo	ble rksheet	Total amount of N remittance		ec'd	Initials	
			Date of remittance	Check EFT	FIL	ING FEES	
Cable ID #					Amount	Initial	
Examined by		Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period							
	Jani	uary 1 - June 30, 2017	]	July 1 - December 31, 2017			
	Lett	er sent	]	Information received			
	Acc	epted		Phone call/Date/Contact			
Space B Owner							
	Lett	er sent	[	Information received			
	Acc	epted	[	Phone call/Date/Contact			
Space D Area Served							
	Lett	er sent	[	Information received			
	Acc	epted	[	Phone call/Date/Contact			

Area Served			
	Letter sent	Information received	
	Accepted	Phone call/Date/Contact	
Space E Secondary Transission			
Service Subscribers: and Rates	Letter sent	Information received	
	Accepted	Phone call/Date/Contact	
Space G Primary Transmitters:			
Television	Letter sent	☐ Information received	
	Accepted	Phone call/Date/Contact	
Space H Primary Transmitters:			

Phone call/Date/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	
Letter sent	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	