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

STATEME	ENT	OF ACCOUNT	FOR COPYRIGE	Return completed workbook by email to:			
for Seconda	ny Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
Cable Syste General instru in the first tab	ctions	are located	02/19/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	(YY/(Period))			
		2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		20172	Barcode Data Filing Period (optional	- see instructions)			
Accounting Period							
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full cor	rporate title		
Owner		List any other name or names under which	the owner conducts the business of the	he cable system.			
		If there were different owners during the a single statement of account and royalty fer		the last day of the accounting period should s ting period.	ubmit a		
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	63006		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		Wilkes Communications, Inc.					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)			
		MAILING ADDRESS OF OWNER OF 1400 River Street	CABLE SYSTEM				
		(Number, street, rural route, apartment, or suite nu	umber)				
		(City, town, state, zip)					
С	INST name	RUCTIONS: In line 1, give any busing salready appear in space B. In line 2	ess or trade names used to ider 2, give the mailing address of the	ntify the business and operation of the e system, if different from the address	e system unless these s given in space B.		
System	1	IDENTIFICATION OF CABLE SYSTEM:	<u> </u>		<u> </u>		
		MAILING ADDRESS OF CABLE SYSTEM					
	2	(Number, street, rural route, apartment, or suite nu	umber)				
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Wilkes Communications, Inc.	630
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rule d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Wilkesboro	NC
Community	North Wilkesboro	NC
	Wilkes County	NC
d Rows as Necessary		

unting Perio	od: 2017/2	
		FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Wilkes Communications, Inc.	6300
D Area Served	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	munities within unincorporated areas and including single, will serve as a form of system identification hereafter know
	CITY OR TOWN	STATE

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1- SYS	TEM I
Name	Wilkes Communications								630
		-,							
Е	SECONDARY TRANSMISSION			-	-	, transmission ,	andaa aft	ha aabla	
-	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period	l (June 30 or D	ecember	31, as the c	ase may be	e).		C C	
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Rates	separately for the particular serv							charged	
	Rate: Give the standard rate of					-	-	e and the	
	unit in which it is generally billed				•	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondany transmis	sion servic	o that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not							0,	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	ider "Servio	ce to the	
	Block 2: If your cable system	-				service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	ind block. A f	wo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:				Distin	Dlue		000	C E
	Service to first set		2,669	30.00	Digital			992	65 75
	Service to additional set(s)		3,089	4.99	Digital	Premier		1,201	75
	• FM radio (if separate rate)								
	Motel, hotel		477	5 05					
	Commercial Converter		177	5.95					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
E	In General: Space F calls for rate	-			-	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•				woro pot	
Nales	listed in block 1 and for which a	•			-				
	brief (two- or three-word) descrip	otion and inclue							
	brief (two- or three-word) descrip		CK 1					BLOCK 2	
	brief (two- or three-word) descrip	BLO		DRY OF SEF	RVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RA
		BLO( RATE	CATEG			RATE	CATEGO		RA
	CATEGORY OF SERVICE	BLO( RATE	CATEGO Installat	DRY OF SEF		RATE	CATEGO		
	CATEGORY OF SERVICE Continuing Services:	BLO( RATE	CATEGO Installat • Mote	DRY OF SEF		RATE		DRY OF SERVICE	15
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO( RATE	CATEGO Installat • Mote	DRY OF SEF ion: Non-res I, hotel mercial		RATE	нво	DRY OF SERVICE	RA 15 12 14
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO RATE	CATEGO Installat • Mote • Com • Pay	DRY OF SEF ion: Non-res I, hotel mercial	sidential	RATE	HBO Starz/E Cinema	DRY OF SERVICE	15 12
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO0 RATE 30.00	CATEGO Installat • Mote • Com • Pay	DRY OF SEF ion: Non-res I, hotel mercial cable	sidential	RATE	HBO Starz/E Cinema	DRY OF SERVICE ncore ix me/The Movie (	15 12 14 14
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO0 RATE 30.00	CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SEF ion: Non-res I, hotel mercial cable cable-add'l c	sidential hannel	RATE	HBO Starz/El Cinema Showtii DVR Se HD Plus	DRY OF SERVICE ncore IX me/The Movie ( prvice s	15 12 14 14 9
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO0 RATE 30.00 20.00	CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SEF ion: Non-res I, hotel mercial cable cable-add'l c protection lar protectior	sidential hannel	RATE	HBO Starz/E Cinema Showtir DVR Se	DRY OF SERVICE ncore IX me/The Movie ( prvice s	15 12 14 14 9 9
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE 30.00 20.00 99.00	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other se	DRY OF SEF ion: Non-res I, hotel mercial cable cable-add'l c protection lar protectior	sidential hannel	RATE	HBO Starz/El Cinema Showtii DVR Se HD Plus	DRY OF SERVICE ncore IX me/The Movie ( prvice s	15 12 14
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 30.00 20.00 99.00	CATEGC Installat • Mote • Com • Pay • Fire • Burg Other se • Reco	DRY OF SEF ion: Non-res I, hotel mercial cable cable-add'l c protection lar protectior ervices:	sidential hannel		HBO Starz/El Cinema Showtii DVR Se HD Plus	DRY OF SERVICE ncore IX me/The Movie ( prvice s	15 12 14 14 9 9
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE 30.00 20.00 99.00	CATEGC Installat • Mote • Com • Pay • Fire • Burg Other se • Recc • Disc	DRY OF SEF ion: Non-re: I, hotel mercial cable cable-add'l c protection lar protection ervices: ponnect	sidential hannel		HBO Starz/El Cinema Showtii DVR Se HD Plus	DRY OF SERVICE ncore IX me/The Movie ( prvice s	15 12 14 14 9 9

counting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Humo	Wilkes Communication	ons, Inc.		63006
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "1" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WXLI	61	1	Greensboro
	WCWG	20		Greensboro
	WUNL	26	E	Winston-Salem
ws as Necessary	WGPX	16	<u>_</u>	Greensboro
	WGHP	8	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	High Point
		9	N	
	WFMY			Greensboro
	WXLV	45	. N	Winston-Salem
	WMYV	48	I	Greensboro
	WXII	12	N	Winston-Salem
	WFMY Weather	99	N-M	Greensboro
	WXII Me-TV	23	N-M	Winston-Salem
	WFMY DT2	22	N-M	Greensboro

EGAL NAME OF								SYSTEM I 630
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can ertain st eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

/ teebuiltening i enio	d: 2017/2						FOF	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Wilkes Communicatio	ns, Inc.						63006
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, ident		-		-	tion that v	our cable sv	stem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions	in the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network te	levision pro	gr <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tho	rost of this pa	ao blank. If your answor is	"Yoe " you r	must com		
		, leave life	e rest or triis pa	ige blank. If your answer is	s res, your	nust com	piete trie pro	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviations	s wherever n	ossible if	their meanir	na is
	clear. If you need more spa				e mierer p			.9.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				•		
				er "Yes." Otherwise enter				
				asting the substitute progrease the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							,
			when your sy	stem carried the substitute	e program. U	se numera	als, with the	month
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	r cabla cycta	m lietth	timos accu	ratoly
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a	•		<b>a</b>				rogram
	was substituted for program			ac normittad to dolate line				
	effect on October 19, 1976	•		as permitted to delete unc		s and regu		
	effect on October 19, 1976	•		as permitted to delete und				
					WHE	N SUBST	TITUTE	
			E PROGRAM		WHE CARRI	N SUBST	TITUTE CURRED	7. REASON FOR DELETION
					WHE	N SUBST	TITUTE	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBS AGE OC	TITUTE CURRED TIMES	

Accounting Period:	2017/2			FORM	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#
Name	Wilkes Communications, Inc.				63006
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and 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 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 receipting the statement in space P concerning gross receipting gross receipting formation in the space P concerning gross receipting gro	ystem's see n of how to	condary transmi compute this a	ssion service mount, see \$ 4	
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	in \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. 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 \$263,	,800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	493,740.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	229,940.00		
	4. Multiply line 3 by .01		\$	2,299.40	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots$		\$	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 .		\$	3,618.40
	FILING FEE AND TOTAL REMITTANCE DUE	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,618.40	
Due	2. 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			\$	3,638.40
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	017/2		FORM SA1-2E. PAGE 7
Name	EGAL NAME OF OWNER OF CABLE SYSTEM: Wilkes Communications, Inc.		SYSTEM ID# 63006
M Channels	to its subscribers, and (2) the cable system's 1. Enter the total number of channels on white	s	ns 
	and nonbroadcast services		
N Individual to Be Contacted	we can contact about this statement of accou		
for Further Information	Name <b>Tim Tribble</b>	Telepho	one <u>336-973-6164</u>
	Address 1400 River Street (Number, street, rural route, apa Wilkesboro, NC 286 (City, town, state, zip)		
	Email timtribble@my	riverstreet.net Fax (optional) 336-973	-0502
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check</li> <li>(Owner other than corporation or</li> <li>(Agent of owner other than corporation in line 1 of space B and that the</li> <li>X</li> <li>(Officer or partner) I am an officer in line 1 of space B.</li> <li>I have examined the statement of account an</li> </ul>	nust be certified and signed in accordance with Copyright Office regulatio one, <i>but only one</i> , of the boxes.) <b>partnership)</b> I am the owner of the cable system as identified in line 1 of sp <b>ration or partnership)</b> I am the duly authorized agent of the owner of the ca owner is not a corporation or partnership; or • (if a corporation) or a partner (if a partnership) of the legal entity identified a d hereby declare under penalty of law that all statements of fact contained h ny knowledge, information, and belief, and are made in good faith.	ace B; or able system as identified s owner of the cable system
	Typed or printe Title: (Title of	X /s/ Eric S. Cramer Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) ed name: Eric S. Cramer Chief Executive Officer official position held in corporation or partnership)	
	Date:	02/19/2018	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
kes Communications, Inc.	6300
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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	c Special Statement
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 transmissi made by satellite carriers to satellite dish owners?	ions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     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 underpayn	nent.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. 🔍
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
X	
x         Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x       x         Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	- days -
x         Line 3 Multiply line 2 by the number of days late and enter the sum here         x 0.00274	days
Line 3 Multiply line 2 by the number of days late and enter the sum here       x         x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here	days
x         Line 3 Multiply line 2 by the number of days late and enter the sum here         x 0.00274	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- - e) lease
Line 3 Multiply line 2 by the number of days late and enter the sum here	- - e) lease ease
Line 3 Multiply line 2 by the number of days late and enter the sum here	- - e) lease ease
Line 3       Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3       Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 th 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.