THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
8/3/2018	\$ ALLOCATION NUMBER			

Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period	January 1 - June 30, 2018						
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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 ADI	DRESS OF CABLE SYSTEM					
			0	6336620181			
	Sandhill Telephone Cooper	ative	U				
	P.O. Box 519, 122 S. Main S	Street		063366 2018/1			
	Jefferson, SC 29718	All CCI					
	·						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
System	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. IDENTIFICATION OF CABLE SYSTEM:						
Cyclom	1 IDENTIFICATION OF CABLE STSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined						
D	in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated						
•	5 5	•	'6.5(dd). The first community that list will serv				
Area Served	•	·	use it as the first community on all future filin or mobile home parks should be reported in p	· ·			
00.100	the identified city.	oteis, apartments, condiminants,	or mobile nome parks should be reported in p	aratrieses below			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	Bethune	SC	Ruby	SC			
Community	Chesterfield	SC					
	Jefferson	SC		<u> </u>			
	McBee	SC		<u> </u>			
	Pageland	SC					
	Patrick	SC					

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 effects 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 SA1-2c Rev 04/2011

FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 063366 Sandhill Telephone Cooperative SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-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 scribers and each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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: 35.00 · Service to first set 2,351 23.45 **Additional Tier** 3,037 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 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 75.00

Move to new address

FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 063366 Sandhill Telephone Cooperative 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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thie-air designation. For example, report multicast stream "WETA-2" as the same on the form 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. 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 identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION** WACH 48 Columbia, SC 50 Kannapolis, NC **WAXN-DT** I WBTV-DT 23 Ν Charlotte, NC 40 I WHKY Hickory, NC **WCCB-DT** 27 ı Charlotte, NC WCCB-DT3 27.1 I-M Charlotte, NC **WCNC-DT** 22 Ν Charlotte, NC WIS 10 Ν Columbia, SC WJPM-DT2 45.1 E-M Florence, SC 45.2 E-M WJPM-DT3 Florence, SC 45 WJPM-TV Ε Florence, SC **WJZY** 46 I Belmont, NC 17 Ν WLTX Columbia, SC 55 **WMYT** I Rock Hill, SC 8 **WOLO-TV** Ν Columbia, SC WPDE-TV 16 Ν Florence, SC Ν Charlotte, NC WSOC-DT 34 WSOC-DT2 34.1 N-M Charlotte, NC 21 **WWMB** Florence, SC Columbia, SC WISDT2 10.2 Ν

FORM SA1-2. F		ADI E SI	/QTEM·					CVCTEM ID#	Nama
	SAL NAME OF OWNER OF CABLE SYSTEM: ndhill Telephone Cooperative 063366					Name			
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 the Copyright Office regulations on this point, see page (v) of the general instructions. 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.						Primary Transmitters: Radio			
Column 4: G	live the station	i's location	on (the community to which the				or, in th	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7 del Oi I IVI	5,5	233 MISH OF STATION			7 441 01 1 101	5,5	255, TISH OF STATION	

							FORM	1 SA1-2. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:				;	SYSTEM ID#
Name	Sandhill Telephone Co	operative	•					063366
1	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT 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 further							
Substitute Carriage: Special Statement and Program Log	**Non- **Non-							
	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE							
	S		E PROGRAM		1	OCCURRE		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	_	TIMES — TO	ONBELLION
							<u> </u>	
								
								
							_	
							_	
							_	
							_	
							_	
							_	
			†					

LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Telephone Cooperative		S	YSTEM ID# 063366	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	s secondary trans w to compute this	mission services amount, see	ce	K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gro	oss receipts)	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions for more information.	s than \$527,600	\$263,800		Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS			
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00	t you must pay for	this 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. Filing Fee			0.00	
•				
Line 4. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2	and 3			
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n	nore than \$137,1	00)		
Base amount under statutory formula	263,800.00			
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	· · <u> </u>			
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. Filing Fee				
10. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and	9			
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t less than \$527,	600)		
Enter the amount of gross receipts from space K	337,820.70			
2. Base amount under statutory formula	263,800.00			
3. Subtract line 2 from line 1	74,020.70			
4. Multiply line 3 by .01	\$	740.21		
Royalty due on the first \$263,800 of gross recepits (under statutory formula)	\$	1,319.00		
6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00		
7. Filing Fee		\$	20.00	
8. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6, at	nd 7	\$:	2,079.21	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register</i> of general instructions for more information.	of Copyrights. See	page I of the		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Telephone Cooperative 063366						
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 20 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.						
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can write or call about this statement of account.) Name Jeanne Oliver Telephone 843-658-6845						
	Address P.O. Box 519 (Number, street, rural route, apartment, or suite number) Jefferson, SC 29718 (City, town, state, zip) Email (optional) Fax (optional)						
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • 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)]						
	Handwritten signature: /s/C. Lee Chambers Typed or printed name: C. Lee Chambers						
	Title: CEO/Manager (Title of official position held in corporation or partnership)						
	Date: 8/3/2018						

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Telephone Cooperative	SYSTEM ID# 063366	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(lowing sentence: "In determining the total number of subscribers and the gross amo service of providing secondary transmissions of primary broadcast scribers and amounts collected from subscribers receiving seconds."	(1)(A), of the Copyright Act by adding the fol- bunts paid to the cable system for the basic at transmitters, the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on During the accounting period did the cable system exclude any amounts of the property of the system exclude any amounts of the system exclude any amounts.		Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO		
YES. Enter the total here and list the satellite carrier(s) below	<u>\$</u>	
Name Mailing Address Mailing Address	Address	
	7,00,000	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted a For an explanation of interest assessment, see page (viii) of the general in		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	<u>-</u>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/licensing/licensing/licensing/licensing@loc.go		
** This is the decimal equivalent of 1/365, which is the interest assess	sment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account alrelist below the owner, address, first community served, ID number, and account alrelist below the owner.		
Owner Address		
ID number		
First community served Accounting period		

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