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
08/28/2018	\$ 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20181 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 MANUAL ADDRESS OF GARLE OVOTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BOSINESS NAME(S) OF CAREE STSTEM (II BILLERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1600 Amphitheatre Parkway (Number, street, rural route, apartment, or suite number)	
		Mountain View, CA 94043	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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

Accounting Period:	2018/1									
necounting r crious	2019/1	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Google Fiber Alabama, LLC	63691								
	Instructions: List each separate community served by the cable system. A "communit"									
D	"a separate and distinct community or municipal entity (including unincorporated con 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.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the								
	CITY OR TOWN	STATE								
First Community	Huntsville Alabama									
Add Rows as Necessary										

Accounting Period: 2018/1

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| Google Fiber Alabama, LLC | G3691

## Ε

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.

BLC	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	1,357	\$25/mo					
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
<ul> <li>Residential</li> </ul>							
Non-residential							
1	ſ	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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Video on demand	PP
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
<ul> <li>Fire protection</li> </ul>		Pay cable			
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63691

### Google Fiber Alabama, LLC

G

### 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
WAAYDT	17	N	Hunstville, AL
WAAYDT2	17.2	N-M	Hunstville, AL
WAFFDT	15	N	Hunstville, AL
WAFFDT2	15.2	N-M	Hunstville, AL
WAFFDT3	15.3	N-M	Hunstville, AL
WHDFDT	2	N	Hunstville, AL
WHIQDT	24	E	Hunstville, AL
WHNTDT	19	N	Hunstville, AL
WHNTDT2	19.2	N-M	Hunstville, AL
WHNTDT3	19.3	N-M	Hunstville, AL
WZDXDT	18	N	Hunstville, AL
WZDXDT2	18.2	N-M	Hunstville, AL
WZDXDT3	18.3	N-M	Hunstville, AL
WZDXDT4	18.4	N-M	Hunstville, AL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Google Fiber Alabama, LLC

63691

### 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
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Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#					
Name	Google Fiber Alabama	, LLC						63691					
Substitute Carriage:	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN	ify every nor ccounting pening that mus	nnetwork televiseriod, under spett t be included in	sion program, broadcast by ecific present and former FC this log, see page (v) of the	a <i>distant</i> stat C rules, regul	ations, or a	authorizations.	For a further					
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	<u>/ision</u> progran	n					
Program Log	Ibraedeest by a distant station?												
0 0	Note: If your answer is "No	", leave the	rest of this pac	e blank. If your answer is	'Yes," you mu	ust comple	te the prograi	m					
	log in block 2.												
	2. LOG OF SUBSTITUTE PROGRAMS												
	In General: List each subst				wherever pos	sible, if the	eir meaning is	<b>S</b>					
				ision program ("substitute	orogram") tha	nt, during th	ne accounting	1					
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	d for the prog	ramming c	of another sta	tion					
	under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ies like "mo						n.					
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "Nasting the substitute progra									
				ne community to which the			e FCC or, in						
	the case of Mexican or Can			community with which the tem carried the substitute			with the mor	ath					
	first. Example: for May 7 giv	,	when your sys	terri carried trie substitute	Jiograffi. Ose	i iluillelais,	, with the moi	101					
	Column 6: State the time	es when the		gram was carried by your				ly					
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be						
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system	n was <i>require</i>	ad.					
	to delete under FCC rules a												
	was substituted for program	nming that y											
	effect on October 19, 1976.												
	S	SUBSTITUT	E PROGRAM	1		EN SUBST		7. REASON FOR					
	TITLE OF PROGRAM	2. LIVE? 3. STATION'S			5. MONTH 6. TIMES			DELETION					
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO						
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Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	Google Fiber Alabama, LLC				63691
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 receipts.	system's se on of how to	condary transn o compute this	nission service	550
	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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	nis six-montl	
	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 LE				
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	203,550.00	-"	
	3. Subtract line 2 from line 1	\$	60,250.00		
	4. Enter the amount of gross receipts from space K			- 203,550.00	
	5. Enter the amount from line 3			60,250.00	
	6. Subtract line 5 from line 4			143,300.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	716.50
	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 a	and 8		\$	716.50
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but l	less than \$527	',600)	
	Enter the amount of gross receipts from space K			=	
	2. Base amount under statutory formula	<b>\$</b>	263,800.00	-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	716.50	
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			\$	736.50
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1		-		hts!

LEGAL NAME OF OWNER OF Google Fiber Alabama,														
													SYSTEM I	
to its subscribers, and (2) to  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system	ne cable system's to f channels on which broadcast stations. f activated channels n carried television l	otal numb  the cable  the cable  broadcas	ber of ac	ctivated ch	nannels du	ring the ac	ccounting	period.	stations			14		
			ORMATI	ON IS NE	EDED (Ide	entify an inc	dividual t	o whom						
Address (Number, s	mphitheatre Partreet, rural route, apartra	arkway	у					Т	elephone	(650)	253-00	000		
Email	access-complian	nce@go	ogle.co	om			Fax (c	optional)						
(Owner other that  (Agent of owner in line 1 of sp  X (Officer or partn in line 1 of sp  I have examined the statem are true, complete, and corre	certify that (Check on n corporation or pa other than corporat ace B and that the ov er) I am an officer (if ace B.	artnership tion or pa wner is no a corpora	artnershot a corporation) or	of the boxe the owner hip) I am the oration or a partner der penalt	of the cable the duly autipartnership (if a partnership)	e system as norized age o; or rship) of the	s identifie ent of the e legal er nents of fa	d in line 1 owner of the owner of the owner of the owner of the owner.	of space B ne cable sy ed as own	/stem as				
	Title:	name:	electron gnature u Fleu ger - G	nic signatur using an "/s ur Know Google	re on the lir s/ signature /sley Fiber A	" (e.g., /s/ .	John Smit		nt.					
	Instructions: You must give to its subscribers, and (2) the total subscribers, and (2) the system carried television.  2. Enter the total number of on which the cable system and nonbroadcast service.  INDIVIDUAL TO BE CONT we can contact about this service.  Name  XIXI Times and Contact about this service.  (City, town, City, Ci	Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	Instructions: You must give (1) the number of channer to its subscribers, and (2) the cable system's total number of its subscribers, and (2) the cable system's total number.  Inter the total number of channels on which the cable system carried television broadcast stations	Instructions: You must give (1) the number of channels on white to its subscribers, and (2) the cable system's total number of activated system's total number of activated channels on which the cable system carried television broadcast stations	Instructions: You must give (1) the number of channels on which the cot to its subscribers, and (2) the cable system's total number of activated of activated of 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEW ecan contact about this statement of account.)  Name  XIXI TIAN  1600 Amphitheatre Parkway  Address  (Number, street, rural route, spartment, or suite number)  Mountain View, CA 94043  (City, town, state, zip)  Email  access-compliance@google.com  CERTIFICATION (This statement of account must be certified and signed in the undersigned, hereby certify that (Check one, but only one, of the boxe (Owner other than corporation or partnership) I am the owner (Agent of owner other than corporation or partnership) I am the inline 1 of space B and that the owner is not a corporation or a partner in line 1 of space B.  I have examined the statement of account and hereby declare under penalt are true, complete, and correct to the best of my knowledge, information, and [18 U.S.C., Section 1001(1986)]  Typed or printed name:  Fleur Know  Title:  Manager - Google  (Title of official position held in corporation or partnership of ficial position held in corporation or partnership or partne	Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels due.  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ide we can contact about this statement of account.)  Name  XIXI Tian  1600 Amphitheatre Parkway  Address  (Number, street, rural route, apartment, or suite number)  Mountain View, CA 94043  (City, town, state, zip)  Email  access-compliance@google.com  ERRIFICATION (This statement of account must be certified and signed in accordate in line 1 of space B and that the owner is not a corporation or partnership) I am the duty authin line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law the are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)]  X /s/ Fleur Knowsley  Enter an electronic signature on the line tenter signature using an "/s/ signature Typed or printed name:  Fleur Knowsley  Title:  Manager - Google Fiber Al (Title of official position held in corporation or partnership) are the signature on the line and partnership and partnership and partnership and partnership and partnership and partnership are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)]	Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the activated that it is subscribers, and (2) the cable system carried television broadcast stations  1. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an in we can contact about this statement of account.)  Name  XIXI Tian  1600 Amphitheatre Parkway  Address  [Number, street, rural route, apartment, or suite number)  Mountain View, CA 94043  [City, town, state, zip)  Email  access-compliance@google.com  CERTIFICATION (This statement of account must be certified and signed in accordance with 0 in line 1 of space B and that the owner is not a corporation or partnership; or xim line 1 of space B and that the owner is not a corporation or partnership; of the in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statement under true, complete, and correct to the best of my knowledge, information, and belief, and are made (18 U.S.C., Section 1001(1986))  Typed or printed name:  Fleur Knowsley  Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/  Typed or printed name:  Fleur Knowsley  Title:  Manager - Google Fiber Alabama, (Title of official position held in corporation or partnership)	Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting 1. Enter the total number of channels on which the cable system carried television broadcast stations	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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 on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  XIXI Tian  1600 Amphitheatre Parkway  Address  (Number: street, rural route, apartment, or suite number)  Mountain View, CA 94043  (City, town, state, zip)  Email  access-compliance@google.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office region in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identification in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identification in line 1 of space B.  1 Ave examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Fleur Knowsley  Title:  Manager - Google Fiber Alabama, LLC  (Title of official position held in corporation or partnership)	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 systems 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identity an individual to whom we can contact about this statement of account.)  Name  XIXI Tian  Telephone  1600 Amphitheatre Parkway  Address  (City, town, date, 2jt)  Email  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (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 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 partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partnership; or a partnership; or the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as own 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.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Fleur Knowsley  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	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 stotal 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.  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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 in line 1 of space B.  1 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.  1 Expect or partnership and corporation or partnership is greature on the line above to certify this statement. Enter a signature on the line above to certify this statement. Enter a signature on the line above to certify this statement. Enter a signature on the line above to certify this statement. Enter a signature on the line above to certify this	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. 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Enter the total number of account must be certified and signed in accordance with Copyright Office regulations)  3. It has undersigned, hereby certify that (Check one, but only one, of the boxes.)  3. (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or  3. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in the 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B.  3. (Affect or partnership) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system are true, complete, and corner to the best of my knowledge, information, and belief, and are made in good faith.  3. (If the or official poston had in copporation or	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.  14  15. Enter the total number of channels on which the cable system carried television broadcast stations.  2. 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It is undersigned, hereby certify that (Check one, but only one, of the boxes.)  1. It is undersigned, hereby certify that (Check one, but only one, of the boxes.)  1. Agent of owner other than corporation or partnership) I am the dualy authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a cooporation or partnership, or  1. It is undersigned, hereby certify that (Check one) is not a cooporation or partnership) of the legal entity identified as owner of the cable system in the 1 of space B and that the owner is not a cooporation or partnership) in the dualy authorized agent of the owner of the cable system in the 1 of space B.  1. It is undersigned, hereby certify this datements of fact contained herein in the 1 of space B.  1. It is undersigned

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 the 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 telephon 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 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: 2018/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Google Fiber Alabama, LLC	63691
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?  X NO  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
TES. Effet the total field and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	
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  X  Line 2 Multiply line 1 by the interest rate* and enter the sum here  X  days  Line 3 Multiply line 2 by the number of days late and enter the sum here  x 0.00274  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	Interest Assessment
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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