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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8-31-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	63672
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Google Fiber North Carolina, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
		(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Google Fiber North Carolina, LLC	63672
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Morrisville	NC
Community	Durham	NC
	Cary	NC
dd Rows as Necessary	Eagle Rock	NC
	New Hill	NC

							FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF CA						313	6367
	Google Fiber North Care	olina, LLC						
Е	SECONDARY TRANSMISSION			-				
L	In General: The information in s							
Secondary	system, that is, the retransmissic about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both	h blocks in spac	e E call for the	number of subse	cribers to the cat			
scribers and	down by categories of secondary							
Rates	each category by counting the nu separately for the particular serve						charged	
	Rate: Give the standard rate c						e and the	
	unit in which it is generally billed.	. (Example: "\$2	0/mth"). Summa	irize any standa	rd rate variations	s within a p	particular rate	
	category, but do not include disc							
	Block 1: In the left-hand block systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca				d in the count un	der "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I				acrica that are	different f	rom those	
	printed in block 1 (for example, ti	-		•				
	with the number of subscribers a							
	sufficient.	-	0		•			
	BLC	DCK 1				BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RAT	E CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:							
	Service to first set	3	3,064 \$25 <i>i</i>	mo				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAI		RATES			•	•
-	In General: Space F calls for rat	-		-	II your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, th				,	,		
Comisso	service for a single fee. There ar							
Services	furnished at cost or (2) services of amount of the charge and the un							
Other Inan	anioani oi ano ona go ana aro an	rate column.	-	-	-		og.a 20010,	
Other Than Secondary	enter only the letters "PP" in the							
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat							
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	your cable syst	tem furnished o	r offered during	the accounting p	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	your cable systems separate charge	tem furnished o was made or e	r offered during established. List	the accounting p	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	your cable system separate charge otion and include	tem furnished o e was made or e e the rate for ea	r offered during established. List	the accounting p	period that	e form of a	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	your cable system separate charge otion and include BLOC	tem furnished o e was made or e e the rate for ea CK 1	r offered during established. List ch.	the accounting p	period that vices in the		RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	your cable system separate charge otion and include BLOC RATE	tem furnished o e was made or e e the rate for ea	r offered during established. List ch. F SERVICE	the accounting p these other serv	period that vices in the	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	your cable system separate charge otion and include BLOC RATE	tem furnished o was made or e the rate for ea K 1 CATEGORY O	r offered during established. List ch. F SERVICE	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	your cable system separate charge otion and include BLOC RATE	tem furnished o e was made or e e the rate for ea CK 1 CATEGORY OI Installation: No	r offered during established. List ch. <u>F SERVICE</u> on-residential	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	your cable system separate charge otion and include BLOC RATE	tem furnished o e was made or e e the rate for ea CATEGORY OI Installation: No • Motel, hotel	r offered during established. List ch. <u>F SERVICE</u> on-residential	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	your cable system separate charge otion and include BLOC RATE	tem furnished o e was made or e e the rate for ea CATEGORY OI Installation: No • Motel, hotel • Commercia	r offered during established. List ch. <u>F SERVICE</u> on-residential	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	your cable system separate charge otion and include BLOC RATE	tem furnished o e was made or e e the rate for ea CATEGORY OI Installation: No • Motel, hotel • Commercia • Pay cable	r offered during established. List ch. <u>SERVICE</u> on-residential	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection	your cable system separate charge otion and include BLOC RATE	tem furnished o e was made or e e the rate for ea K 1 CATEGORY OI Installation: No • Motel, hotel • Commercia • Pay cable • Pay cable-a	offered during established. List ch. <u>SERVICE</u> on-residential dd'I channel on	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	your cable system separate charge otion and include BLOC RATE PP	tem furnished o e was made or e e the rate for ea CATEGORY OI Installation: No • Motel, hotel • Commercia • Pay cable • Pay cable-a • Fire protecti	r offered during established. List ch. <u>SERVICE</u> on-residential dd'I channel on ection	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	your cable system separate charge otion and include BLOC RATE PP	tem furnished o e was made or e e the rate for ea CATEGORY OI Installation: Notel • Motel, hotel • Commercia • Pay cable • Pay cable • Fire protecti • Burglar prot	r offered during established. List ch. <u>SERVICE</u> on-residential dd'I channel on ection	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	your cable system separate charge otion and include BLOC RATE PP	tem furnished o e was made or e e the rate for ea CATEGORY OI Installation: No • Motel, hotel • Commercia • Pay cable • Pay cable • Fire protecti • Burglar prot Other services	r offered during established. List ch. <u>SERVICE</u> on-residential dd'I channel on ection	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	your cable system separate charge otion and include BLOC RATE PP	tem furnished o e was made or o e the rate for ea CK 1 CATEGORY OI Installation: No • Motel, hotel • Commercia • Pay cable • Pay cable • Pay cable • Burglar prot Other services • Reconnect	dd'I channel on ection	the accounting p these other serv	eriod that vices in the CATEG	e form of a BLOCK 2 ORY OF SERVICE	

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
	Google Fiber North C	arolina, LLC		6
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part- he carriage of certain network progr	time basis under rams [sections
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain sta	ations carried on a
evision	Substitute Basis Stations	: With respect to any distant stations ca	arried by your cable system on a su	ubstitute program
	• Do not list the station here station was carried only on			
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc program services such as HBO, ES	tions. PN, etc. Identify each
	"WETA-2" as the same on t	the form.	.	
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over	r the air in its community
	Column 3: Indicate in each	a case whether the station is a network		
	(for independent multicast),	ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c	or "E-M" (for noncommercial educat	
	3	erms, see page (iv) of the general instru n of each station. For U.S. stations, list	• •	n is licensed by the
		dian stations, if any, give the name of the	2	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFPXDT	15	l	Raleigh, North Carolina
	WLFLDT	18	l	Raleigh, North Carolina
as Necessary	WLFLDT2	18.2	I-M	Raleigh, North Carolina
	WLFLDT3	18.3	I-M	Raleigh, North Carolina
	WNCNDT	17	Ν	Goldsboro, North Carolina
	WNCNDT3	17.3	N-M	Goldsboro, North Carolina
	WRALDT	48	N	Raleigh, North Carolina
	WRALDT2	48.2	N-M	Raleigh, North Carolina
	WRAYDT	25	Ι	Wilson, North Carolina
	WRAZDT	49	Ν	Raleigh, North Carolina
	WRAZDT WRAZDT2	49 49.2	N N-M	Raleigh, North Carolina Raleigh, North Carolina
		-		
	WRAZDT2	49.2	N-M	Raleigh, North Carolina
	WRAZDT2 WRDCDT	49.2 28	N-M I	Raleigh, North Carolina Durham, North Carolina
	WRAZDT2 WRDCDT WRDCDT2	49.2 28 28.2	N-M I I-M	Raleigh, North Carolina Durham, North Carolina Durham, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3	49.2 28 28.2 28.3	N-M I I-M I-M	Raleigh, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3 WRPXDT	49.2 28 28.2 28.3 15	N-M I I-M I-M I	Raleigh, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaRocky Mount, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3 WRPXDT WRPXDT2	49.2 28 28.2 28.3 15 15.2	N-M I I-M I-M I I-M	Raleigh, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaRocky Mount, North CarolinaRocky Mount, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3 WRPXDT WRPXDT2 WRTDCD	49.2 28 28.2 28.3 15 15.2 49	N-M I I-M I-M I I-M N	Raleigh, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaRocky Mount, North CarolinaRocky Mount, North CarolinaRaleigh, North CarolinaDurham, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3 WRPXDT WRPXDT2 WRTDCD WTVDDT	49.2 28 28.2 28.3 15 15.2 49 11	N-M I I-M I-M I I I-M N N	Raleigh, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaRocky Mount, North CarolinaRocky Mount, North CarolinaRaleigh, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3 WRPXDT WRPXDT2 WRTDCD WTVDDT WTVDDT2 WTVDDT3	49.2 28 28.2 28.3 15 15.2 49 11 11.2 11.3	N-M I I-M I-M N N N N N N-M N-M	Raleigh, North Carolina Durham, North Carolina Durham, North Carolina Durham, North Carolina Rocky Mount, North Carolina Rocky Mount, North Carolina Raleigh, North Carolina Durham, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3 WRPXDT WRPXDT2 WRTDCD WTVDDT WTVDDT2	49.2 28 28.2 28.3 15 15.2 49 11 11.2	N-M I I-M I-M I I I-M N N N N N N-M	Raleigh, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaRocky Mount, North CarolinaRocky Mount, North CarolinaDurham, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3 WRPXDT WRPXDT2 WRTDCD WTVDDT WTVDDT2 WTVDDT3 WUNCDT2	49.2 28 28.2 28.3 15 15.2 49 11 11.2 11.3 25 25.2	N-M I I-M I-M N N N N N N-M N-M E E-M	Raleigh, North Carolina Durham, North Carolina Durham, North Carolina Durham, North Carolina Durham, North Carolina Rocky Mount, North Carolina Rocky Mount, North Carolina Raleigh, North Carolina Durham, North Carolina Chapel Hill, North Carolina Chapel Hill, North Carolina
	WRAZDT2 WRDCDT WRDCDT2 WRDCDT3 WRPXDT WRPXDT2 WRTDCD WTVDDT WTVDDT2 WTVDDT3 WUNCDT	49.2 28 28.2 28.3 15 15.2 49 11 11.2 11.3 25	N-M I I-M I-M I I N N N N N N-M E	Raleigh, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaDurham, North CarolinaRocky Mount, North CarolinaRocky Mount, North CarolinaDurham, North Carolina

ccounting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Google Fiber North Ca	arolina, LLC		63672
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting f)(2) and (4), or 76.63 (referring to 76.0	ot (1) stations carried only on a part-ti the carriage of certain network progra	me basis under ms [sections
Transmitters: Television	substitute program basis, as	explained in the next paragraph. With respect to any distant stations of		
	basis under specific FCC ru	les, regulations, or authorizations: in space G—but do list it in space I (
	List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the s	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form.	, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo	ons. N, etc. Identify each rt multistream
	of license. For example, Wi Column 3: Indicate in each	I number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	station, an independent station, or a	noncommercial
	For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	uctions in the paper SA1-2 form. t the community to which the station i	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WUVCDT2	38.2	N-M	Fayetteville, North Carolina
	WUVCDT3	38.3	N-M	Fayetteville, North Carolina
	WUVCDT4	38.4	N-M	Fayetteville, North Carolina

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF Google Fibe								SYSTEM ID#
Google Fibe		ronna,						63672
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recei it the Cc I sign of e the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	at the system's he system's FM anter this point, see pa sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
Mexican or Can	adian stations	s, if any,	the community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	Google Fiber North Ca	rolina, LLC	;					63672
	SUBSTITUTE CARRIAGE	: SPECIAL	STATEMEN	NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv nonn	etwork televis	ion program. broadcast by	a distant stati	on, that your o	able svste	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that must I	be included in	this log, see page (v) of the	e general instru	uctions in the p	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		ING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting period 	od, did your o	cable system	carry, on a substitute basi	s, any nonnet	work televisio	on program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	leave the re	est of this nad	e blank. If your answer is '	Yes " vou mu	ist complete tl	he nrogran	
	-		st of this pag		res, you mo		ne program	
	log in block 2. 2. LOG OF SUBSTITUTE		IS					
	In General: List each subst			e line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa	ce, please ad	ld additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the F	CC or in	
	the case of Mexican or Can	adian stations	s, if any, the c	community with which the	station is iden	tified).		
			hen your syst	em carried the substitute	orogram. Use	numerals, wit	th the mon	th
	first. Example: for May 7 giv				able evetere			
	to the nearest five minutes.			gram was carried by your				у
	stated as "6:00–6:30 p.m."		nogram oanne		io p.ini. to 0.2	0.00 p.m. 010		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that you	ul system was	s permitted to delete unde	I FUU TUIES a	nu regulation:	5 11 1	
						N SUBSTITU		
			PROGRAM		5. MONTH	AGE OCCUF 6. TIN		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		

Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#
Hame	Google Fiber North Carolina, LLC				63672
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's s ation of how	secondary trans to compute this	mission serv s amount, ser \$459	ice e
	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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	lty fee that y	ou must pay for	this six-month	1
	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 I	ines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	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				
	4. 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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	459,600.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	195,800.00		
	4. Multiply line 3 by .01		\$	1,958.00	
	5. Royalty due on the first $263,800$ of gross receipts (under statutory formula) .		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .	••••••	\$	3,277.00
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,277.00	
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			\$	3,297.00
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!

Name Geogle Fiber North Carolina, LLC M Channels Exercision: Yuu must give (1) the number of channels on which the cable system carried behavious channels during the accounting portod. 1. Enter the total number of channels on which the cable system carried behavious broadcast stations on which the cable system carried behavious broadcast stations to for Further Information Not/VIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can calculat should this statement of account). 1600 Amphibiteatre Parkway Number West chain the cable system carried which the cable system information Telephone (050) 253-0000 0. Out the cable system carried behavious the cable system cast carried and signed in accordance with Capycingh Officer regulations). Telephone (050) 253-0000 0. Out the cable system carried behavious the cavere sint to capocation or partenethip) 1 and the cave system as i	Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations in its statistics, and (2) the cable system its total number of activated channels during the accounting period. 1 For the total number of channels on which the cable system carried television broadcast stations. 28 2 For the total number of channels on which the cable system carried television broadcast stations. 321 N Individual of notification devices on broadcast stations. 321 N Individual of notification devices. 1500 Amphitheatre Parkway Vision: Television 1500 Amphitheatre Parkway Television (650) 253-0000. Vision: Statement of account, in the cable system carried television broadcast stations. 500 (7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Name						SYSTEM ID# 63672
Individual to Be Contacted for Further Information Name XXI Tian Telephone (650) 253-0000 1600 Amphitheatre Parkway Address Telephone (650) 253-0000 Address Telephone (650) 253-0000 Contracted for Further Telephone (650) 253-0000 Mountain (View, CA 94043 Telephone (650) 253-0000 Contracted for Further Mountain (View, CA 94043 Contracted (Contracted product on the contract of a contract of a contract and signed in accordance with Copyright Office regulations) Certification • It he undersigned, hereby certify that (Check one, but only one, of the boxes.) • O Certification • Owner other than corporation or partmership) 1 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 partmership) 1 am the duly authorized agent of the cable system as identified in line 1 of space B and that the owner is not a corporation or 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 tous complete, and correct to the bast of my knowledge, information, and balled, and are made in good faith. [10 U.S.C. Becten 1001(1860) Vaped or printed name: Fleur Knowsley Typed or printed name: Fleur Knowsley Title: Manager - Google Fiber North Carolina,		Instructions: to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the	ers, and (2) the cable system's t tal number of channels on which ed television broadcast stations tal number of activated channel cable system carried television	total number th the cable the cable the cable the cable the cable the cable the cable the cable	er of activated channels during the acc	ounting period.	
Information InfoO Amphitheatre Parkway Address InfoO Amphitheatre Parkway Information InfoO Amphitheatre Parkway InfoO Amphitheatre Parkway InfoO Amphitheatre Parkway Info	Individual to				MATION IS NEEDED (Identify an indi	vidual to whom	
Address 1600 Amphiliheatre Parkway Address (Number: street, runal roude, apaintmert, or suble number) Note::::::::::::::::::::::::::::::::::::		Name	XiXi Tian			Telephone	650) 253-0000
O Certification Certification I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) I. the undersigned, hereby certify that (Check one, but only one, of the coxes) as identified in line 1 of space B; or I. there other than corporation or partnership) 1 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) 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 corporation by knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Image: Image: X /s/ Fleur Knowsley There an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) The of official position held in corporation or partnership)	Information	Address	(Number, street, rural route, apart Mountain View, CA	tment, or suit	number)		
O e. I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Over other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image:		Email	access-complia	ance@goo	gle.com	Fax (optional)	
Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Fleur Knowsley Title: Manager - Google Fiber North Carolina, LLC (Title of official position held in corporation or partnership)	-	I, the undersig (Own (Age i X (Off i I have examinare true, completion	ned, hereby certify that (Check on ner other than corporation or p ent of owner other than corporation in line 1 of space B and that the of ficer or partner) I am an officer (if in line 1 of space B. ed the statement of account and ete, and correct to the best of my	one, <i>but only</i> partnership ation or par owner is not if a corpora hereby dec v knowledge	one, of the boxes.) I am the owner of the cable system as i tnership) I am the duly authorized agen a corporation or partnership; or ion) or a partner (if a partnership) of the are under penalty of law that all stateme information, and belief, and are made in	identified in line 1 of space B; o t of the owner of the cable syste legal entity identified as owner nts of fact contained herein	em as identified
(Title of official position held in corporation or partnership)			Typed or printed	Enter sign	ature using an "/s/ signature" (e.g., /s/ Jo Fleur Knowsley	nn Smith)	
Deter						olina, LLC	
Date: 08/30/2018			Date:			08/30/2018	

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 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 telephoi 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
gle Fiber North Carolina, LLC	636
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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