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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Divi

General instru	uctions	are located				Office Licensing Division at:
in the first tab	of this	s workbook	3-2-21		ALLOCATION NUMBER	Tel: (202) 707-8150
			5-2-21			
Α	100		DV THIS STATEMENT. A			
	ACC	OUNTING PERIOD COVERED	BI INIS STATEMENT. (1		renoa))	
			-			
		2020/2	Period 1 = January 1 - June 30	Pe	eriod 2 = July 1 - December 31	
		2020	2 Barcode Data Filing Period (option	nal - see	instructions)	
Accounting						
Period						
		Instructions:				
В		Give the full legal name of the owner of t the subsidiary, not that of the parent cor		osidiary of	f another corporation, give the full of	corporate title of
				6 4 k k l	-	
Owner		List any other name or names under whit	ch the owner conducts the business of	t the cable	e system.	
		If there were different owners during the statement of account and royalty fee pay			day of the accounting period should	d submit a single
		statement of account and royarty ree pay		periou.		7466
		Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	er assigne	ed by the Licensing Division.	7400
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	И		
		CAMDEN CORP INVESTMENTS INC	c			
		BUSINESS NAME(S) OF OWNER O		NT)		
				,		
		TRUVISTA				
		MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM			
		P.O. BOX 160 (Number, street, rural route, apartment, or suite	number)			
		CHESTER, SC 29706				
		(City, town, state, zip)				
С		RUCTIONS: In line 1, give any busi				
_	name	es already appear in space B. In line	e 2, give the mailing address of	the syst	tem, if different from the addr	ess given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		TRUVISTA MAILING ADDRESS OF CABLE SYSTE	ΔΑ.			
		WAILING ADDRESS OF CABLE SYSTE	wi.			
	2	(Number, street, rural route, apartment, or suite	number)			
		(City, town, state, zip code)				
Privacy Act Noti	ce: Section	on 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect	the perso	onally identifying information (PII) req	uested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CAMDEN CORP INVESTMENTS INC	7466
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area Served	city.	e nome parks should be reported in parentneses below the identified
First	CITY OR TOWN CAMDEN	STATE SC
First Community	LUGOFF	SC SC
	CASSATT	SC
dd Rows as Necessary		
·····,		

	Γ							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	
Hamo	CAMDEN CORP INVEST	MENTS INC	;						746
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed 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	SERVICE: SU pace E should on of television vay cable) in sp (June 30 or D blocks in spa (transmission umber of billing ice at the rate harged for eace . (Example: "\$2 ounts allowed in space E, th to their subsco s: Where an in	VBSCRI cover a and rac bace F, ecembe ce E ca service gs in tha indicate h categ 20/mth") for adva e form I ribers. (dividual	all categories o dio broadcasts not here. All th er 31, as the ca ll for the numb . In general, yo at category (the d—not the num ory of service.). Summarize a ance payment. ists the catego Give the numb or organizatio	f secondar by your sy e facts you ise may be er of subsc u can com number of nber of set Include bo iny standar ries of sec er of subsc n is receivi	stem to subscri state must be f b). There is to the ca pute the number f persons or org s receiving servit th the amount c rd rate variation ondary transmis tribers and rate ing service that	bers. Give those existi- ble system er of subscr janizations rice). If the charg s within a p ssion servic for each lis falls under	information ing on the ibers in charged le and the particular rate se that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted c Block 2: If your cable system I printed in block 1 (for example, t with the number of subscribers a sufficient.	nce again und nas rate catego iers of services	er "Serv pries for s that in	vice to addition secondary tra clude one or m	al set(s)." nsmission ore secon	service that are dary transmission	different fr ons), list the	rom those em, together	
		DCK 1					BLOC	٢2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential: • Service to first set • Service to additional set(s)	1	0,470	27.99					
	 FM radio (if separate rate) 								
	Motel, hotel		12	5.95*/mth					
	Commercial								
	Converter								
	Residential				*Avg pe				
	Non-residential				568 Un	its			
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un 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 brief (two- or three-word) descrip	e (not subscrit hose services te two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ns: you nished t usually he cable stem fur ge was r	rmation with re- not offered in do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establ	spect to al combinatio give rate ers. Rate ir ates are ch ach of the a ed during t	on with any seco information con nformation shou arged on a vari applicable servio the accounting [ondary tran cerning (1) ld include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO	<u>CK 1</u>					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	10.00		ation: Non-res	sidential				
	Pay cable Add'l channel	12.99		tel, hotel					
	Pay cable—add'l channel Eire protection			mmercial v cable					
	Fire protection Burglar protection		1	y cable v cable-add'l cl	nannel				
	•Burgiar protection			y cable-add'l cl e protection	amer				
	First set	39.99		rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)	13.33		connect		30.00			
	• Converter		1	connect		50.00			
	Converter		• • • •			95.00			
				tlet relocation	ress	95.00 49.99			

counting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CAMDEN CORP INVE	STMENTS INC		7466
	PRIMARY TRANSMITTERS:			
G Primary	carried by your cable syster FCC rules and regulations i	entify every television station (including to n during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61	 stations carried only on a part-time carriage of certain network program 	e basis under ns [sections
Transmitters: Television	Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations can	rried by your cable system on a subs	stitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program Lo	pg)—if the
	basis. For further informatic Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instructio rogram services such as HBO, ESPN	ns. I, etc. Identify each
	"WETA-2" as the same on t	d with a station according to its over-the- the form. el number the FCC assigned to the telev		
	Column 3: Indicate in each educational station, by ente	RC is channel 4 in Washington, D.C. a case whether the station is a network s ring the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indeper	ndent), "I-M"
	For the meaning of these te Column 4: Give the locatio	"E" (for noncommercial educational), or erms, see page (iv) of the general instruct n of each station. For U.S. stations, list t dian stations, if any, give the name of the	ctions in the paper SA1-2 form. the community to which the station is	licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wis	10	Ν	COLUMBIA, SC
	WIS-2	10.1	N-M	COLUMBIA, SC
Add Rows as Necessary	WIS-3	10.2	N-M	COLUMBIA, SC
	WLTX	15	N	COLUMBIA, SC
	WLTX-2	15.1	N-M	COLUMBIA, SC
	WOLO	7	N	COLUMBIA, SC
	WOLO-2	7.1	N-M	COLUMBIA, SC
	WACH	22	I	COLUMBIA, SC
	WZRB	25	1	COLUMBIA, SC
	WKTC	31		SUMTER, SC
	WKTC-2	31.1	I-M	SUMTER, SC
	WKTC-3	31.2	I-M	SUMTER, SC
	WRJA	33	E	COLUMBIA, SC
		1		

LEGAL NAME O								SYSTEM IE
								/40
	st every radio	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: In Column 2: S Column 3: In signal, indicate) it is carried b monitoring, to formation about orm. dentify the cal State whether f the radio state this by placin	y the sys be recein at the Co l sign of e the station ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante his point, see pay ed by the cable s	adend, and (2) inna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Mexican or Car	nadian station		on (the community to which th the community with which the	station is identifi		C or, in t		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
VCAM	AM	x	CAMDEN, SC					
		4	.+					

	d: 2020/2						FOR	RM SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CAMDEN CORP INVES	STMENTS	INC					7466
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, ident							
Ortheriterte	substitute basis during the a explanation of the programm	0.		•				
Substitute Carriage:	1. SPECIAL STATEMEN	•			general instru		paper SAT-	2 101111.
Special	During the accounting per					twork televis	sion program	n
Statement and			i cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant sta					L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	"Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. I lee obbroviatione	whorever per	oible if thei	r mooning is	-
	In General: List each subs clear. If you need more spa				wherever pos		r meaning is	5
				ision program ("substitute p	program") tha	at, during the	e accounting	g
	period, was broadcast by a			2		•		
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.					ap.o, 1 20		
				r "Yes." Otherwise enter "N				
		0		isting the substitute progra ne community to which the		nsod by the	FCC or in	
	the case of Mexican or Car						10001, 11	
	Column 5: Give the mor	nth and day		tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		aubatituta pro	arom was corriad by your	abla avatam	List the time		
	to the nearest five minutes.			gram was carried by your of ed by a system from 6:01:1				ery
	stated as "6:00-6:30 p.m."				•			
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976	• •						
					WHE	N SUBSTI	TUTE	
	5		E PROGRAM		CARR	EN SUBSTI	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI		

Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CAMDEN CORP INVESTMENTS INC				SYSTEM ID# 7466
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanat 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 r	system's se ion of how to	condary transmi compute this a	ssion service mount, see \$ 2	93,055.30 pross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 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) but less tha	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that yo	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				<u> </u>
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	. \$	263,800.00	-	
	2. Enter amount of gross receipts from space K	·		-	
	3. Subtract line 2 from line 1				
	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	63,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	293,055.30	_	
	2. Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1	\$	29,255.30	-	
	4. Multiply line 3 by .01		\$	292.55	
	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 .		\$	1,611.55
	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)		. \$	1,611.55	
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			\$	1,631.55
	Important: Your remittance must be in the form of an electronic parts See page i of the general instructions in the paper SA				jhts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAMDEN CORP INVES				SYSTEM ID# 7466
M Channels	to its subscribers, and (2)	the cable system's of channels on which	of channels on which the cable system car total number of activated channels during th the cable	the accounting period.	13
	2. Enter the total number on which the cable sys and nonbroadcast serv	tem carried televisio			125
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		HER INFORMATION IS NEEDED (Identify ant.)	an individual to whom	
for Further Information	Address P.O. B (Number, CHES	MN CASTLES OX 160 street, rural route, apart TER, SC 29706 I, state, zip)		Telephone 8	03-581-9148
	Email	ACASTLES@T	RUVISTA.BIZ	Fax (optional	
O Certification	I, the undersigned, hereby (Owner other th (Agent of owner in line 1 o X (Officer or partt in line 1 o I have examined the stater	certify that (Check o an corporation or p other than corpora f space B and that th ner) I am an officer (f space B. ment of account and rrect to the best of m	ust be certified and signed in accordance w ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable syst ation or partnership) I am the duly authorize e owner is not a corporation or partnership; of if a corporation) or a partner (if a partnership) hereby declare under penalty of law that all si y knowledge, information, and belief, and are X /s/ Eric Ramey	tem as identified in line 1 of space B; of ed agent of the owner of the cable syst or) of the legal entity identified as owner tatements of fact contained herein	tem as identified
		Typed or printed Title:	Enter an electronic signature on the line abov Enter signature using an "/s/ signature" (e.g.,	/s/ John Smith)	

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

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
MDEN CORP INVESTMENTS INC	746
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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