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				
8/26/21	\$ ALLOCATION NUMBER				
	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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting 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.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Pineland Telephone Cooperative
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 678 ((Number, street, rural route, apartment, or suite number)
		Metter, GA 30439 (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 s 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 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:	2021/1	7070000 57 2107 0
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Pineland Telephone Cooperative	62648
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	ir mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Metter	GA
Community	Adrian	GA
	Bartow	GA
Add Rows as Necessary	Cobbtown	GA
	Davisboro	GA
	Kite	GÂ
	Lexsy	GA
	Midville Nunez	GA GA
	Oak Park	GA GA
	Pulaski	GA
	Stillmore	GA
	Swainsboro	GA
	Twin City	GA
	Vidalia	GA
	Claxton	GA

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Pineland Telephone Cooperative

62648

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	3,194	19.50	20+ Channels	3,176	16.00		
Service to additional set(s)			80+ Channels	2,832	30.50		
• FM radio (if separate rate)			100+ Channels	1,342	11.00		
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1		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 		Cinemax	17.50
Pay cable—add'l channel		 Commercial 		HBO	17.50
Fire protection		• Pay cable		Showtime	17.50
•Burglar protection		 Pay cable-add'l channel 		Starz/Encore	17.50
Installation: Residential		 Fire protection 			
• First set		 Burglar protection 			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		 Reconnect 			
Converter		 Disconnect 			
		 Outlet relocation 			
		 Move to new address 			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62648

Pineland Telephone Cooperative

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
WAGT-HD	30.2	N	Augusta, GA
WAGT2	30.1	N-M	Augusta, GA
WAGT-DT	30	N-M	Augusta, GA
WAGT3	30.3	N-M	Augusta, GA
WAGT4	30.4	N-M	Augusta, GA
WFXG-HD	31.2	<u>l</u>	Augusta, GA
WFXG2	31.1	I-M	Augusta, GA
WFXG3	31.3	I-M	Augusta, GA
WFXG4	31.4	I-M	Augusta, GA
WFXG-DT	31	I-M	Augusta, GA
WGXA3	16.4	I-M	Macon, GA
WGXA-HD	16.2	<u>l</u>	Macon, GA
WGXA2	16.1	I-M	Macon, GA
WGXA2-HD	16.3	I-M	Macon, GA
WGXA-DT	16	I-M	Macon, GA
WJBF-HD	42.2	N	Augusta, GA
WJBF2	42.1	N-M	Augusta, GA
WJBF3	42.3	N-M	Augusta, GA
WJBF4	42.4	N-M	Augusta, GA
WJBF-DT	42	N-M	Augusta, GA
WJCL-HD	22.1	N	Savannah, GA
WJCL-DT	22	N-M	Savannah, GA
WJCL2	22.2	N-M	Savannah, GA
WMAZ-HD	13.2	N	Macon, GA

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62648

Pineland Telephone Cooperative

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WMAZ2	13.1	N-M	Macon, GA
WMAZ3	13.3	N-M	Macon, GA
WMAZ-DT	13	N-M	Macon, GA
WMGT-HD	40.2	N	Macon, GA
WMGT2	40.1	N-M	Macon, GA
WMGT3	40.3	N-M	Macon, GA
WMGT4	40.4	N-M	Macon, GA
WMGT-DT	40	N-M	Macon, GA
WRDW-HD	12.3	N	Augusta, GA
WRDW3	12.2	N-M	Augusta, GA
WRDW4	12.4	N-M	Augusta, GA
WRDW5	12.5	N-M	Augusta, GA
WRDW-DT	12	N-M	Augusta, GA
WSAV-HD	39.2	N	Savannah, GA
WSAV2	39.1	N-M	Savannah, GA
WSAV3-DT	39.3	N-M	Savannah, GA
WSAV4	39.4	N-M	Savannah, GA
WSAV-DT	39	N-M	Savannah, GA
WTGS-HD	28.1	<u>l</u>	Hardeeville, SC
WTGS-DT	28	I-M	Hardeeville, SC
WTGS2	28.2	I-M	Hardeeville, SC
WTGS3	28.3	I-M	Hardeeville, SC
WTGS4	28.4	I-M	Hardeeville, SC
WTOC-HD	11.3	N	Savannah, GA

Accounting Period: 2021/1

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Pineland Telephone Cooperative | PRIMARY TRANSMITTERS: | TELEVISION |

G

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTOC2	11.1	N-M	Savannah, GA
WTOC3	11.2	N-M	Savannah, GA
WTOC4	11.4	N-M	Savannah, GA
WTOC5	11.5	N-M	Savannah, GA
WTOC6	11.6	N-M	Savannah, GA
WTOC-DT	11	N-M	Savannah, GA
WVAN2	9.1	E-M	Savannah, GA
WVAN3	9.2	E-M	Savannah, GA
WVAN4	9.3	E-M	Savannah, GA
WVAN-DT	9	E	Savannah, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Pineland Telephone Cooperative

62648

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
O/ LEE OIOIV	7 (101 01 1 101	O/D	ECONTION OF STATION	O/ LE CICIT	7 (101 01 1 101	O/D	EGG/(IIGIV GI GI/(IIGI
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A	-l. 2024 /4						500	101105 51055
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FORI	SYSTEM ID#
Name	Pineland Telephone C							62648
Substitute	In General: In space I, ident substitute basis during the a	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				
Special	During the accounting per				sis, any nonr	network te	elevision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?			-		YES	X NO
r rogram Log	Note: If your answer is "No		rest of this no	age blank. If your answer is	"Vee" vou r	must com	_	
	log in block 2.	, leave the	rest of this pe	ige blank. If your answer is	s res, your	nust com	piete trie prot	grain
	2. LOG OF SUBSTITUTE	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		wherever po	ossible, if	their meaning	g is
	clear. If you need more spa Column 1: Give the title period, was broadcast by a	of every no	nnetwork tele	vision program ("substitute				
	under certain FCC rules, re Do not use general categor	egulations, o	or authorizatio	ns. See page (v) of the ger	neral instruct	ions for fu	urther informa	tion.
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter "	No."			
				casting the substitute progr				
				the community to which the			the FCC or,	in
	the case of Mexican or Car Column 5: Give the mor			e community with which the stem carried the substitute			als with the r	month
	first. Example: for May 7 gi	ve "5/7."						
	Column 6: State the tim to the nearest five minutes.			ogram was carried by your				ately
	stated as "6:00–6:30 p.m."	. схапіріе. а	a program can	ned by a system nom 6.0 i	. 15 p.111. to 0	i.20.30 p.i	III. SIIOUIU DE	
				n was substituted for progr				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	• .	, - a ,	ao poninina 10 aont ana		. aa . e.g.		
					\\/\L	NI CLIDO		
	S	UBSTITUT	E PROGRAM	1		N SUBS [*] AGE OC	CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. THE OF TROOKAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
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Accounting Period:	2021/1			FORM	SA1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Pineland Telephone Cooperative			<u> </u>	SYSTEM ID 6264	
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 explanar 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	system's stion of how	secondary trans to compute this	mission servi	ce	
L Copyright Royalty Fee						
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	alty fee that	you must pay fo	or this six-mor	tl	
	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	SS (but m	ore than \$137,	100)		
	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	7,600)		
	Enter the amount of gross receipts from space K	\$	376,408.50			
	2. Base amount under statutory formula	\$	263,800.00			
	3. Subtract line 2 from line 1	\$	112,608.50			
	4. Multiply line 3 by .01		. \$	1,126.09		
	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	i	\$	2,445.09	
	FILING FEE AND TOTAL REMITTANCE DU	JE				
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,445.09		
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.			\$	2,465.09	
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA?		_		ights!	

Accounting Period:	2021/1			FORM SA1-2E. PAGE 7.					
Name		WNER OF CABLE SYSTEM: hone Cooperative		SYSTEM ID# 62648					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable 58								
	system carried	system carried television broadcast stations							
	on which the ca	number of activated channels ble system carried television broadca ast services		245					
N Individual to		BE CONTACTED IF FURTHER INFO	DRMATION IS NEEDED (Identify an individual to whom						
Be Contacted for Further Information	Name	Dustin Durden	Telephone	100000000000000000000000000000000000000					
	Address	P.O. Box 678		1001001011011011011011011010101010101010					
		(Number, street, rural route, apartment, or su Metter, GA 30439	lite number)						
	***************************************	(City, town, state, zip)							
	Email		Fax (optional)						
_	CERTIFICATION	This statement of account must be ce	ertified and signed in accordance with Copyright Office regulations						
O Certification	• I, the undersigne	d, hereby certify that (Check one,but on	oly one , of the boxes.)						
	(Owne	other than corporation or partnershi	ip) I am the owner of the cable system as identified in line 1 of space E	3; or					
		of owner other than corporation or p	artnership) I am the duly authorized agent of the owner of the cable s ot a corporation or partnership; or	ystem as identified					
		r or partner) I am an officer (if a corporne 1 of space B.	ration) or a partner (if a partnership) of the legal entity identified as own	ner of the cable system					
		, and correct to the best of my knowled	eclare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.						
		X	/s/ Dustin Durden						
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)						
		Typed or printed name:	Dustin Durden						
			ral Manager/Executive Vice President						
		Date:	8/26/2021						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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 i 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

ounting Period:	2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OW	VNER OF CABLE SYSTEM:	SYSTEM ID#
eland Teleph	62648	
SPECIAL S The Satellite Howing sentence "In detection service scriber."	P Special Statement Concerning Gross	
	rmation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
X NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEDEST	ASSESSMENT	
	aplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation 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
	x	_
Line 2 Multipl	ly line 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multipl	ly line 2 by the number of days late and enter the sum here	
	x 0.00274	
•	ly line 3 by 0.00274** and enter here	
in spac	ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
	the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is th	he decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
First communi	ty served	
Accounting pe	riod	

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CONTROL #: REMITTANCE #:

C	Cable Worksheet	Total amount of remittance	Number of SAs re	ec'd Ini	Initials ☐ FILING FEES	
		Date of remittance	— □ Check □ EFT	☐ FILING		
Cable ID #				Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period						
	☐ January 1 - June 30, 2017	Ε	July 1 - December 31, 2017			
	☐ Letter sent		Information received			
	☐ Accepted		Phone call/Date/Contact			
Space B Owner						
	☐ Letter sent	Γ	Information received			
	☐ Accepted	Г	Phone call/Date/Contact			
Space D Area Served						
	☐ Letter sent		Information received			
	☐ Accepted	Γ	Phone call/Date/Contact			
Space E Secondary Transission						
Service Subscribers:	☐ Letter sent	Letter sent Information received				
and Rates	☐ Accepted		Phone call/Date/Contact			
Space G Primary Transmitters:						
Television	☐ Letter sent	[☐ Information received			
	□ Accepted	[☐ Phone call/Date/Contact			
Space H Primary Transmitters:						
Radio	☐ Accepted	Г	☐ Phone call/Date/Contact			

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	