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

STATEME	NT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY		
	y Transmissions by ns (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instructions are located in the first tab of this workbook.		8/25/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))		

Α	ACC	OUNTING 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Connected Investments LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Drawer 1820 (Number, street, rural route, apartment, or suite number)
		Conway SC 29528 (City, town, state, zip)
	INIOT	
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: 63602
		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 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Connected Investments LLC	0
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Lumberton Robeson Rennert	NC NC NC
Rows as Necessary		NC
,,	Red Springs	NC

	I							FORM SA1	-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	Connected Investments LLC										
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in space E should cover all categories of secondary transmission service of the cable										
0	system, that is, the retransmissi										
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	nose exis	ting on the								
Service: Sub-		ole system	n, broken								
scribers and	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										
Rates	each category by counting the n			0,0				s charged			
	separately for the particular servert Rate: Give the standard rate of					•	,	ge and the			
	unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	· · ·			ly standa		5 Within a				
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not			-		-					
	categories, that person or entity subscriber who pays extra for ca					• • •	•				
	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,					•	,				
	with the number of subscribers a	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descripti	on of the	service is			
	sufficient.	OCK 1		П			BLOCK	(2			
		NO. OF		5.175				NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SER	VICE	SUBSCRIBERS	RATE		
	Residential:	See Sch E-F	tab								
	Service to first set	See SCILE-I	- lab								
	• Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel Commercial										
	Converter										
	Residential Non-residential										
	• Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6						
F	In General: Space F calls for ra	,	,		•						
I	not covered in space E, that is, the service for a single fee. There a										
Services	furnished at cost or (2) services	•			•		0 (,			
Other Than											
Secondary	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.										
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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 senarate charge was made or established. List these other services in the form of a										
	listed in block 1 and for which a separate charge was made or established. List these other services in the for brief (two- or three-word) description and include the rate for each.										
		BLO	CK 1					BLOCK 2	ОСК 2		
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Installa	ation: Non-resi	dential						
	• Pay cable	Sch E-F tab	• Mot	tel, hotel							
	 Pay cable—add'l channel 		• Cor	nmercial							
	Fire protection		• Pay	/ cable							
	•Burglar protection		• Pay	/ cable-add'l cha	annel						
	Installation: Residential		• Fire	e protection							
	• First set		• Bur	glar protection							
	 Additional set(s) 			services:							
	• FM radio (if separate rate)		• Red	connect							
	• Converter		• Dis	connect							
	1		1						1		
			 Out 	let relocation							
				let relocation ve to new addre	SS						

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEI					
lame	Connected Investme								
	PRIMARY TRANSMITTERS: TELEVISION								
G rimary smitters: evision	 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, <i>except</i> (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 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 								
	(for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t hadian stations, if any, give the name of the	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	ational multicast). on is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	A LOCATION OF STATION					
				4. LOCATION OF STATION					
	WMBF-D2	32.2	N	Myrtle Beach					
		32.2 43.4	N N-M						
rs as Necessary	WMBF-D2			Myrtle Beach					
s as Necessary	WMBF-D2 WFXB-D4	43.4	N-M	Myrtle Beach Myrtle Beach					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2	43.4	N-M N-M	Myrtle Beach Myrtle Beach Florence					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2	43.4 13.2 9.2	N-M N-M E	Myrtle Beach Myrtle Beach Florence Conway					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3	43.4 13.2 9.2 32.3	N-M N-M E N-M	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1	43.4 13.2 9.2 32.3 13.1	N-M N-M E N-M N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD	43.4 13.2 9.2 32.3 13.1 8.1	N-M N-M E N-M N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1	43.4 13.2 9.2 32.3 13.1 8.1 43.1	N-M N-M E N-M N N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3	N-M N-M E N-M N N N N N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D3 WHMC-D1	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1	N-M N-M E N-M N N N N N E	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Myrtle Beach Conway					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D1 WHMC-D1 WMFB-D1	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1 32.1	N-M N-M E N-M N N N N N N E E N-M	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Conway Myrtle Beach					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D3 WHMC-D1 WMFB-D1 WMFB-D1	43.4 13.2 9.2 32.3 13.1 43.1 43.1 43.3 9.1 32.1 15.1	N-M N-M E N-M N N N N N N E E N-M N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Conway Myrtle Beach Florence					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D3 WHMC-D1 WMFB-D1 WMFB-D1 WPDE-D1 WPDE-D2	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1 32.1 15.1 15.2	N-M N-M E N-M N N N N N E E N-M N N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Myrtle Beach Conway Myrtle Beach Florence Florence					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D1 WFXB-D1 WFKB-D1 WMFB-D1 WPDE-D1 WPDE-D2 WPDE-D3	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1 32.1 15.1 15.3	N-M N-M E N-M N N N N N E E N-M N N N N N N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Conway Myrtle Beach Florence Florence Florence					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D3 WHMC-D1 WMFB-D1 WPDE-D1 WPDE-D1 WPDE-D2 WPDE-D3 WPDE-D4	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1 32.1 15.1 15.2 15.3 15.4	N-M N-M E N-M N N N N N E E N-M N N N N N N N N N N N N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Conway Myrtle Beach Conway Florence Florence Florence Florence					
rs as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D1 WFXB-D1 WMFB-D1 WPDE-D1 WPDE-D2 WPDE-D3 WPDE-D4 WUNJ	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1 32.1 15.1 15.2 15.3 15.4 39	N-M N-M E N-M N N N N N E N N N N N N N N N N N E E N N N N E E N N N N E E N N N E E N N N E E N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Conway Myrtle Beach Conway Myrtle Beach Florence Florence Florence Florence Florence Florence Wilmington					
is as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D3 WHMC-D1 WMFB-D1 WPDE-D1 WPDE-D2 WPDE-D3 WPDE-D4 WUNJ WWMB-D1	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1 32.1 15.1 15.2 15.3 15.4 39 21.1	N-M N-M E N-M N N N N N N N N N N N N N N N N N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Conway Myrtle Beach Conway Myrtle Beach Conway Myrtle Beach Conway Myrtle Beach Florence Kilmington Florence					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D3 WHMC-D1 WMFB-D1 WPDE-D2 WPDE-D2 WPDE-D3 WPDE-D4 WUNJ WWMB-D1 WWMB-D3	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1 32.1 15.1 15.2 15.3 15.4 39 21.1 21.3	N-M N-M E N-M N N N N N N N N N N N N N N N N N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Myrtle Beach Conway Myrtle Beach Florence Florence Florence Florence Florence Florence Florence Florence Florence					
s as Necessary	WMBF-D2 WFXB-D4 WBTW-D2 WHMC-D2 WMBF-D3 WBTW-D1 WGSC-CD WFXB-D1 WFXB-D1 WFXB-D1 WFXB-D1 WPDE-D1 WPDE-D2 WPDE-D3 WPDE-D4 WUNJ WWMB-D1 WWMB-D3 WHMC-D3	43.4 13.2 9.2 32.3 13.1 8.1 43.1 43.3 9.1 32.1 15.1 15.2 15.3 15.4 39 21.1 21.3 9.3	N-M N-M E N-M N N N N N N N N N N N N N N N N N N	Myrtle Beach Myrtle Beach Florence Conway Myrtle Beach Florence Murrells Inlet Myrtle Beach Myrtle Beach Conway Myrtle Beach Conway Myrtle Beach Florence Florence Florence Florence Florence Florence Florence Florence Florence Florence Florence Florence Conway					

EGAL NAME OF	eriod: 2021		VETEM					FORM	
Connected I			YSTEM:						SYSTEM I
RIMARY TRA	NSMITTERS:	RADIO							
			arried on a separate and disc						н
II-band basis w	hose signals	were ge	nerally receivable by your cal	ble	system during	the accountir	ng perio	d.	
			II-Band FM Carriage: Under						Primary
			stem whenever it is received a						Transmitters Radio
	-		ived at the headend, with the pyright Office regulations on t	-		-			Raulo
aper SA1-2 for			pyngni omoo rogalationo on	ano	point, ooo pa	jo (1) of the g	onorarii		
			each station carried.						
			on is AM or FM. nal was electronically process	o 0 d	by the cable of	votom og o o	oporato	and discrete	
			k mark in the "S/D" column.	seu	by the cable s	system as a s	eparate		
			on (the community to which t	the	station is licen	sed by the FC	C or, in	the case of	
lexican or Can	adian stations	s, if any,	the community with which the	e st	ation 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: 2021/1						FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Connected Investmen	ts LLC						0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident				-	tion that your	cable syst	em carried on a
•	substitute basis during the a							
Substitute	0	01	· ·	•	, 0	,		
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting per				eis anv nonr	etwork televis	sion progr	am
Statement and	• • • •	•	al cable system	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	tion ?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer i	s "Yes," you r	nust complete	the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUT							_
	In General: List each subs				s wherever po	ossible, if their	meaning	is
	clear. If you need more spa			rows to the tables. vision program ("substitute	a program") ti	pat during the	accounti	ng
	period, was broadcast by a							
	under certain FCC rules, re				•	0 0		
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Lo	ve Lucy" o	or
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th		censed by the	FCC or, i	n
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. Us	se numerals, v	with the m	onth
	first. Example: for May 7 gr		e substitute pro	ogram was carried by you	r cable syste	n List the tim	es accura	telv
	to the nearest five minutes.							licity
	stated as "6:00–6:30 p.m."				·	·		
				n was substituted for prog				
	to delete under FCC rules a							gram
			VOUR evetom W	as normitted to delete linc				
			your system w	as permitted to delete unc	ier FCC rules	and regulatio	115 111	
	effect on October 19, 1976		your system w	as permitted to delete unc	ier FCC rules			
	effect on October 19, 1976				WHE	N SUBSTITU	ITE	
	effect on October 19, 1976		E PROGRAM	1	WHE	-	ITE RRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI	N SUBSTITU AGE OCCUR	ITE RRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
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	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
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	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUR 6. TIM	ITE RRED ES	

Accounting Period:	2021/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
Name	Connected Investments LLC
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.
	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 251,917.97
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 251,917.97
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,200.18
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
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 \$ 1,220.18
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: /estments LLC		SYSTEM ID# (
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to on which the	ou must give (1) the number of channels on which the ca s, and (2) the cable system's total number of activated c I number of channels on which the cable I television broadcast stations	hannels during the accounting period.	22 271
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NE about this statement of account.)	EDED (Identify an individual	
for Further Information	Name	Karen Fulmer	Telephone 843-	369-8380
	Address	PO Drawer 1820 (Number, street, rural route, apartment, or suite number)		
		Conway, SC 29528 (City, town, state, zjp)		
	Email	karen.fulmer@htcinc.net	Fax (optional) <u>843-365-1999</u>	
O Certification	I, the undersig (Ow (Age (Age (Age) (Afge) (Afge) (Age) (Age	(This statement of account must be certified and signed ed, hereby certify that (Check one, <i>but only one</i> , of the box er other than corporation or partnership) I am the owner t of owner other than corporation or partnership) I am line 1 of space B and that the owner is not a corporation o cer or partner) I am an officer (if a corporation) or a partner line 1 of space B. d the statement of account and hereby declare under pena te, and correct to the best of my knowledge, information, a ion 1001(1986)]	tes.) r of the cable system as identified in line 1 of space B; or the duly authorized agent of the owner of the cable syster r partnership; or r (if a partnership) of the legal entity identified as owner or alty of law that all statements of fact contained herein nd belief, and are made in good faith.	
		-	ewis e on the line above to certify this statement. / signature" (e.g., /s/ John Smith)	
		Typed or printed name: Cariton Lev	vis	
		Title: Chief Operating Of (Title of official position held in corporation		
		Date:	08/25/2021	

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 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 filing, a determination that would be made by a court of law.

AL NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM ID
nnected Investments LLC	(
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 fol- lowing 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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	- Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	;
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	t. Q Interest Assessment
×	
x	
X	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- Jays -
Line 3 Multiply line 2 by the number of days late and enter the sum here	 days
Line 3 Multiply line 2 by the number of days late and enter the sum here	 Jays
Line 3 Multiply line 2 by the number of days late and enter the sum here	 days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 3 by 0.00274** and enter here x in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	- -
Line 3 Multiply line 2 by the number of days late and enter the sum here	- -
x x Line 3 Multiply line 2 by the number of days late and enter the sum here x x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ (interest charge) * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	- -
Line 3 Multiply line 2 by the number of days late and enter the sum here	- -

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 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 filing, a determination that would be made by a court of law.

FORM SA1-2, Page 2, Section E Connected Investments, LLC January - June 2021

CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:		
Service to first set	794	\$42.95
Service to additional sets	0	0
FM Radio	0	0
Form Motel, Hotel	0	0
Commercial	0	0
Converter		
Residential		
Digital Standard		
Digital Advanced (HD & DVR)	1913	\$10.00
Non-residential		

Block 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:		
Service to first set		
(includes bulk billed equivalent		
units)		
Service to additional sets		
FM Radio		
Motel, Hotel		
Commercial		
Converter		
Residential		
Digital Standard		
Digital Advanced (HD & DVR)		
Non-residential		

FORM SA1-2, Page 2, Section F Connected Investments, LLC January - June 2021

Block 1 CATEGORY OF SERVICE RATE

Continuing Services:	
Expanded Basic Tier	\$46.00
Enhanced Digital Basic Tier	\$10.75
Digital Sports Tier	\$5.00
High Definition Tier	\$0.00
Starz & Encore Movie Pak	\$16.99
HBO Package	\$16.99
Showtime Package	\$16.99
Cinemax Package	\$16.99
Pay-Per-View – InDemand Movies	\$0.00
Pay-Per-View – InDemand Events	Price Varies
Pay-Per-View – Hot Choice	Price Varies
Video-On-Demand – TVN Movies	\$4.88
Avg Price	\$4.00
Video-On-Demand – TVN Events	\$16.66
Avg Price	
Installation: Residential	
First Set (Internet & Cable	\$180.00
Installation): Additional Set (Initial Visit):	\$25.00
Outlet Relocation with new station	\$25.00
wire:	\$85.00
Move to New Address – Pre-Wired	
Move to New Address – Not Pre-	
Wired	
Installation: Non-residential	
Motel, Hotel	
Commercial	
Pay Cable	
Pay Cable – Add'l Channel	
Fire Protection	
Burglar Protection	
Other Services:	
Reconnect	\$75.00
Disconnect	
Outlet Relocation – Subsequent	
Move to New Address	