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			
3/1/2022	\$			
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20212 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	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
	FAIRFIELD COMMUNICATIONS INC 004604
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	TRUVISTA COMMUNICATIONS
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. BOX 160 (Number, street, rural route, apartment, or suite number)
	CHESTER, SC 29706
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	1 TRUVISTA
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	[Number, sueet, rular 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	FAIRFIELD COMMUNICATIONS INC 004604	4604
D	Instructions: List each separate community served by the cable system. A "commuseparate and distinct community or municipal entity (including unincorporated counincorporated 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 parentheses below the identified
	CITY OR TOWN	STATE
First	WINNSBORO	SC
Community	RIDGEWAY	SC
	PORTIONS OF FAIRFIELD COUNTY	SC
Add Rows as Necessary		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 4604 **FAIRFIELD COMMUNICATIONS INC 004604** 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 system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the **Transmission** last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 863 30.99 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 5 5.95*/mth Commercial Converter Residential Avg per Unit Non-residential 233 Units 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: nstallation: Non-residential Motel, hotel · Pay cable 12.99 · Pay cable—add'l channel Commercial · Fire protection · Pay cable · Pay cable-add'l channel ·Burglar protection Installation: Residential · Fire protection

 • First set
 39.99
 • Burglar protection

 • Additional set(s)
 19.99
 Other services:

 • FM radio (if separate rate)
 • Reconnect
 30.00

 • Converter
 • Disconnect

 • Outlet relocation
 95.00

 • Move to new address
 49.99

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

Name

FAIRFIELD COMMUNICATIONS INC 004604

SYSTEM ID# 4604

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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
WIS	10	N	COLUMBIA, SC
WIS-2	10.1	N-M	COLUMBIA, SC
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	l	COLUMBIA, SC
WZRB	25	l	COLUMBIA, SC
WKTC	31	l	SUMTER, SC
WKTC-2	31.1	I-M	SUMTER, SC
WKTC-3	31.2	I-M	SUMTER, SC
WRLK	33	E	COLUMBIA, SC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FAIRFIELD COMMUNICATIONS INC 004604

4604

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
							2 2 2 1 1 1 1 1 1 1
VRBK	AM	Х	RICHBURG, SC				
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Accounting Perio		0.4 D. E. 0.40T							FORI	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O									SYSTEM ID# 4604
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptanation of the programming 1. SPECIAL STATEMENT	fy every non ecounting pe ing that mus	network televis eriod, under spe t be included in	ion program, broadcast by cific present and former F this log, see page (v) of the control of th	y a <i>di</i> CC r	ules, regula	ations, or au	uthor	izations. F	For a further
Special	During the accounting peri				asis, a	any nonne	twork telev	ision	n program	ı
Statement and Program Log	broadcast by a distant stat	•	,	•	ŕ	,			YES	X NO
Frogram Log	TES LINO									
	Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS	•						
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another state under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the mofirst. Example: for May 7 give "577." Column 6: State the times when the substitute program was carried by your cable system. List the times accurate to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was require to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in						ecounting other stat formation Lucy" or CC or, in the more accurated all be see required ted programmers.	tion n. nth ly			
	effect on October 19, 1976. WHEN SUBSTITUTE									
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH		TIME	S	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM	_	TO	
								_		
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Accounting Period:	2021/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FAIRFIELD COMMUNICATIONS INC 004604			S	YSTEM ID# 4604
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross re	system's se on of how t	econdary transm to compute this a	ission service imount, see	0,466.22 pss receipts)
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 or less Use block 3 if the amount of gross receipts in space K is more than \$263,800 or less block 3 if the amount of gross receipts in space K is more than \$263,800 or less page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$13	but less th nformatior	an \$527,600 า.	263,800	
				is six month	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	riee iliai yo	ou must pay for th	iis six-monum	
	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 lin	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	160,466.22	_	
	3. Subtract line 2 from line 1	\$	103,333.78	_	
	4. Enter the amount of gross receipts from space K		<u></u> \$	160,466.22	
	5. Enter the amount from line 3		\$	103,333.78	
	6. Subtract line 5 from line 4		\$	57,132.44	
	7. Multiply line 6 by .005 (enter figure here)			\$	285.66
	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		\$	285.66
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	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)			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 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	285.66	
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			\$	305.66
	Important: Your remittance must be in the form of an electronic payers See page i of the general instructions in the paper SA1				nts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MMUNICATIONS INC 0046	604		SYSTEM ID# 4604
M Channels	to its subscribers		of channels on which the cable system carried t total number of activated channels during the a ch the cable		13
	2. Enter the total on which the o	number of activated channe cable system carried televisio			130
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an in unt.)	ndividual to whom	
for Further Information	Name Address	P.O. BOX 160		Telephone 80	03-581-9148
		(Number, street, rural route, apartr CHESTER, SC 29706 (City, town, state, zip)	•		
	Email	ACASTLES@T	RUVISTA.BIZ	Fax (optional	
0			ust be certified and signed in accordance with C	Copyright Office regulations)	
Certification			oartnership) I am the owner of the cable system a	is identified in line 1 of space B; or	r
			ation or partnership) I am the duly authorized ago ne owner is not a corporation or partnership; or	ent of the owner of the cable syste	em as identified
		e r or partner) I am an officer (in line 1 of space B.	(if a corporation) or a partner (if a partnership) of th	ne legal entity identified as owner o	of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all statem by knowledge, information, and belief, and are mad		
			X /s/ Eric Ramey		
			Enter an electronic signature on the line above to a Enter signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	d name: Eric Ramey		
		Title: (Tit	Vice President - Administration & title of official position held in corporation or partnership)	Regulartory Affairs	
		Date:		2/28/2022	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8.

AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II 460
RFIELD COMMUNICATIONS INC 004604	400
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-	Р
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-	Special Statemen
scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gross Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	Neceipta Exclusio
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	
750 5 (11 (11 (11 (11 (11 (11 (11	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name	
Mailing Address Mailing Address	
walling Address	
INTERFOL ACCECOMENT	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	_

x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (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@loc.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

Line 2 Multiply line 1 by the interest rate* and enter the sum here _

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		
		1
D number		ì
First community	served	
Accounting perio		

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