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)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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	OUNTING 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		
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
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		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		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)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

3/1/2022

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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	TRUVISTA COMMUNICATIONS OF GEORGIA LLC	6241
D	Instructions: List each separate community served by the cable system. A "comm separate 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 mobi	ommunities within unincorporated areas and including single, discret I serve as a form of system identification hereafter known as the "fir
Area Served	city.	
	CITY OR TOWN	STATE
First	CARNESVILLE	GA
Community	LAVONIA	GA
	MARTIN	GA
dd Rows as Necessary		

							FORM SA1	-
Name							515	TEM II 6241
	TRUVISTA COMMUNICA	ATIONS OF	GEORGIA LLC					024
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS AND RA	TES				
E	In General: The information in s		-	•				
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period						ang on the	
Service: Sub-	Number of Subscribers: Both					ble systen	n, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the ne separately for the particular serv						s charged	
	Rate: Give the standard rate c						ge and the	
	unit in which it is generally billed							
	category, but do not include disc							
	Block 1: In the left-hand block	•	Ũ					
	systems most commonly provide that applies to your system. Not							
	categories, that person or entity		v		•			
	subscriber who pays extra for ca					•		
	first set" and would be counted o	0		· · ·			f	
	Block 2: If your cable system printed in block 1 (for example, t	-	•					
	with the number of subscribers a				,	,,	, 0	
	sufficient.	,	3		1			
	BLC	DCK 1	- I			BLOCI		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	290	47			-		
	Service to first set							
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
								ł
	SERVICES OTHER THAN SEC In General: Space F calls for rate				your cable sys	tem's ser	vices that were	
F	not covered in space E, that is, t		,	•				
	service for a single fee. There ar							
Services	furnished at cost or (2) services							
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually billed. If any ra	tes are cha	rged on a vari	able per-p	orogram basis,	
ransmissions:	Block 1: Give the standard rat		the cable system for ea	ch of the ap	plicable servi	ces listed.		
Rates	Block 2: List any services that	• •		-				
	listed in block 1 and for which a		•	shed. List th	lese other serv	vices in th	e form of a	
	brief (two- or three-word) descrip	non and includ	de line rale for each.					
		BLO	-				BLOCK 2	1
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	40.00	Installation: Non-resi	dential				
	• Pay cable	12.99	• Motel, hotel					
	Pay cable—add'l channel Fire protection		Commercial					
	 Fire protection Burglar protection 		Pay cable Add'l able	onnel				
			 Pay cable-add'l cha Fire protection 	annei				
	- ·							
	Installation: Residential	20.00	•					
	Installation: Residential First set 	39.99	Burglar protection					
	Installation: Residential • First set • Additional set(s)	39.99 19.99	• Burglar protection Other services:		20.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar protection Other services: • Reconnect		30.00			·····
	Installation: Residential • First set • Additional set(s)		Burglar protection Other services: Reconnect Disconnect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar protection Other services: • Reconnect		30.00 95.00 49.99			······

MARY TRANSMITTERS: General: In space G, ic ried by your cable syste C rules and regulations 59(d)(2) and (4), 76.61 stitute program basis, bstitute Basis Station sis under specific FCC o not list the station her tion was carried only o st the station here, and sis. For further informat lumn 1: List each statio ticast stream associate ETA-2" as the same or lumn 2: Give the chan icense. For example, V lumn 3: Indicate in each cational station, by ent independent multicast the meaning of these lumn 4: Give the locati	dentify every television station (including tr em during the accounting period, <i>except</i> (is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. Is: With respect to any distant stations car rules, regulations, or authorizations: ere in space G—but do list it in space I (the on a substitute basis. If also in space I, if the station was carried tion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the- in the form. nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list tf adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13 30	1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub- e Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a fer network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream • the air in its community a noncommercial bendent), "I-M" tional multicast). • is licensed by the n is identified. 4. LOCATION OF STATION ATLANTA, GA ASHVILLE, NC GREENVILLE, SC	
MARY TRANSMITTERS: General: In space G, ic ried by your cable syste C rules and regulations 59(d)(2) and (4), 76.61 stitute program basis, betitute Basis Station sis under specific FCC o not list the station here, is under specific FCC o not list the station here, and sis. For further informat lumn 1: List each static titicast stream associate ETA-2" as the same or lumn 2: Give the chan iccense. For example, V lumn 3: Indicate in each ucational station, by ent independent multicast the meaning of these lumn 4: Give the locati C. For Mexican or Can 1. CALL SIGN AGA LOS	TELEVISION dentify every television station (including tr em during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. Is: With respect to any distant stations car rules, regulations, or authorizations: ere in space G—but do list it in space I (the on a substitute basis. If also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination proted with a station according to its over-the-in the form. nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. ch case whether the station is a network station; see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the adian stations, if any, give the name of the adian stations, if any, adian stations, if any adian station and the adian station	1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sul- e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community with which the station a community with which the station a community with which the station be community with which the station a community with which the station	ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream • the air in its community a noncommercial bendent), "I-M" tional multicast). • is licensed by the n is identified. 4. LOCATION OF STATION ATLANTA, GA ASHVILLE, NC GREENVILLE, SC	
ried by your cable syste C rules and regulations 59(d)(2) and (4), 76.61 patiente program basis, bstitute Basis Station sis under specific FCC o not list the station here, tion was carried only o st the station here, and lumn 1: List each station ticast stream associate ETA-2" as the same or lumn 2: Give the channic icense. For example, M lumn 3: Indicate in each icational station, by ent independent multicast the meaning of these lumn 4: Give the locati C. For Mexican or Can 1. CALL SIGN AGA LOS	em during the accounting period, <i>except</i> (is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. Is: With respect to any distant stations car rules, regulations, or authorizations: a substitute basis. It also in space G—but do list it in space I (the in a substitute basis. It also in space I, if the station was carried tion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the- in the form. nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13 30	1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sul- e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station a community with which the station	ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream • the air in its community a noncommercial bendent), "I-M" tional multicast). • is licensed by the n is identified. 4. LOCATION OF STATION ATLANTA, GA ASHVILLE, NC GREENVILLE, SC	
AGA LOS YFF	27 13 30	I N	ATLANTA, GA ASHVILLE, NC GREENVILLE, SC	
LOS YFF	13 30		ASHVILLE, NC GREENVILLE, SC	
LOS YFF	13 30		ASHVILLE, NC GREENVILLE, SC	
YFF	30		GREENVILLE, SC	
	17		GREENVILLE, SC	
VTV	8	Е	GREENVILLE, SC	
KIA	10	N	ATLANTA, GA	
SB	32	N	ATLANTA, GA	
GTV	7	Е	ATHENS, GA	
YFF-D2	30.1	N-M	GREENVILLE, SC	
YCW	11	I	ASHVILLE, NC	
MYA	35	I	ANDERSON, SC	
SPA	11	N	SPARTANBURG, SC	
YCW	11	I	ASHVILLE, NC	
NTV-DT2	8.1	E-M	GREENVILLE, SC	
NTV-DT3	8.2	E-M	GREENVILLE, SC	
SPA-DT2	11.1	N-M	SPARTANBURG, SC	
РСН	31	I	ATLANTA, GA	
	TV FF-D2 CW YA PA CW TV-DT2 TV-DT3 PA-DT2	TV 7 FF-D2 30.1 CW 11 YA 35 PA 11 CW 11 TV-DT2 8.1 TV-DT3 8.2 PA-DT2 11.1	TV 7 E FF-D2 30.1 N-M CW 11 I YA 35 I PA 11 N CW 11 I YA 35 I PA 11 N CW 11 I TV-DT2 8.1 E-M TV-DT3 8.2 E-M PA-DT2 11.1 N-M	

								SYSTEM II
RUVISTAC		ATION	S OF GEORGIA LLC					624
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receint t the Co sign of e he station ion's sign g a chech n's location	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes k mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se ed by the FC0) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	51 1 10					010		

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.		
Name								SYSTEM ID#		
	TRUVISTA COMMUNIC	ATIONS	OF GEORGI					62412		
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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 STATEMENT				<u>.</u>					
Special Statement and	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion prograr	n		
Program Log	broadcast by a distant stat	ion?					YES	× NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS									
	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 station 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 month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on Octo									
	s	UBSTITUT	E PROGRAM			N SUBST		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION		
							_			
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA LLC	S	YSTEM ID# 62412
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	3,702.60 ss 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 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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 th	s six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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 \$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)	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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		¢	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		ts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS OF GEOR	GIA LLC			SYSTEM ID# 62412
M Channels	to its subscriber 1. Enter the tota system carrie	rs, and (2) the cable system's to al number of channels on which	otal numbe	on which the cable system carried tel r of activated channels during the acc	counting period.	17
		cable system carried television dcast services		t stations		104
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		MATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name	AUTUMN CASTLES			Telephone	803-581-9148
	Address	P.O. BOX 160 (Number, street, rural route, apartmo CHESTER, SC 29706 (City, town, state, zip)	ent, or suite r	number)		
	Email	ACASTLES@TR	RUVISTA.I	BIZ	Fax (optional	
O Certification	I, the undersigne (Owne	ed, hereby certify that (Check one	e, but only o rtnership)	ed and signed in accordance with Cop one , of the boxes.) I am the owner of the cable system as I nership) I am the duly authorized agen	identified in line 1 of space E	
	 X (Offic I have examined 	in line 1 of space B and that the er or partner) I am an officer (if in line 1 of space B. I the statement of account and he te, and correct to the best of my	owner is no a corporation ereby decla	on) or a partner (if a partnership) of the re under penalty of law that all statemen , information, and belief, and are made	legal entity identified as owr	-
	[10 0.0.0, 000		Enter an ele Enter signat	's/ Eric Ramey ectronic signature on the line above to cen sure using an "/s/ signature" (e.g., /s/ Joh Eric Ramey	•	-
				Sident - Administration & R	egulartory Affairs	
		Date:			2/28/2022	

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.

unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
JVISTA COMMUNICATIONS OF GEORGIA LLC	6241
 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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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	
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