# IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD, CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

 FOR COPYRIG	SHT OFFICE USE ONLY
 DATE RECEIVED	AMOUNT
	\$
02/09/2018	ALLOCATION NUMBER

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

## THIS WILL BE THE FINAL PAPER MAILING YOU RECEIVE FROM THE LICENSING DIVISION. SEE INSIDE COVER FOR MORE INFORMATION.

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Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:  JULY 1 - DECEMBER 31, 2017								
Bowner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  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.  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.  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM:								
	062016 2017/2								
	DARIEN COMMUNICATIONS INC								
	PO BOX 575								
	DARIEN GA 31305-0575								
	DARIEM GA 51305-0575								
<b>C</b> System	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.  IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	M								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip)								
Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
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Community									
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	McIntosh GA Townsend GA								

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:						
DARIEN COMMUNICATIONS INC	062016			Name		
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
identified city.	nts, condominium	s, or mobile home parks should be reported in	parentheses below the	Served		
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ACCOUNTING PERIOD 2017/2 LEGAL NAME OF OWNER OF CABLE SYSTEM; Name DARIEN COMMUNICATIONS INC 062016 E

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.

BLOCK	(1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:  Service to first set Service to additional set(s)	. 2,205	23.00	Expanded	1,973	40.00	
• FM radio (if separate rate)  Motel, hotel  Commercial  Converter			Digital	611	18.95	
			HD		15.95	
Residential     Nonresidential	387	4.95				

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				CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	.70.00	Installation: Non-residential  · Motel, hotel  · Commercial  · Pay cable  · Pay cable—add'l channel  · Fire protection  · Burglar protection  Other Services:  · Reconnect  · Disconnect  · Outlet relocation  · Move to new address	.35.00. 32.00 .70.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

## DARIEN COMMUNICATIONS INC 062016

Name

## 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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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.

Savannah, GA Savannah, GA Savannah, GA Savannah, GA
Savannah, GA
 Savannah, GA
 Savannah, GA.
 Brunswick, GA
 Savannah, GA

G

Primary Transmitters: Television

ACCOUNTING I									FORM SA1-2. PAGE 4.		
Name	DARIEN C				062016						
Primary Transmitters: Radio	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.  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 the Copyright Office regulations on this point, see page (iv) of the general instructions.  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).										
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LEGAL NAME OF OWNER OF CABLE SYSTE DARIEN COMMUNICAT		INC 0620	)16		ACC	OUNTING E	Name	
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.								
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  I yes I 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 PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of e period, was broadcast by a dist under certain FCC rules, regula Do not use general categories "NBA Basketball: 76ers vs. Bul Column 2: If the program wa Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadia. Column 5: Give the month a first. Example: for May 7, give ' Column 6: State the times w to the nearest five minutes. Exa as "6:00–6:30 p.m." Column 7: Enter the letter "F to delete under FCC rules and re	te prograr please attevery none ant stations, or like "mov ls." as broade of the state station and day wiston," when the semple: a program of the lise equilations at the lise equilations at the semple of the lise equilations at the lise equilations at the semple of the lise equilations at the semple of the lise equilations at the li	n on a separate tach additional network televisin and that your authorizations. ies" or "baskett tast live, enter "ation broadcast is location (the s, if any, the conen your system tubstitute program carried lasted program we sin effect during	pages. ion program ("substitute cable system substitute. See page (v) of the gen ball." List specific program, and the substitute programmunity to which the carried the substitute program was carried by your by a system from 6:01:1	e program" d for the program itles, for "No." am. he station is estation is program. U cable syste 5 p.m. to 6	) that, during the ogramming of and citions for further is or example, "I Los ilicensed by the identified). It is numerals, with the list the times 128:30 p.m. should at your system we have "B" if the list the city of the list t	accounting other station information. we Lucy" or FCC or, in the month is accurately lid be stated was required		
was substituted for programmi on October 19, 1976.	ng that yo	our system was	s permitted to delete un	der FCC ru	iles and regulatio	ns in effect		
on October 19, 1976.		PROGRAM	s permitted to delete un	WHEN	lles and regulation SUBSTITUTE GE OCCURRED	7. REASON		
on October 19, 1976.			4. STATION'S LOCATION	WHEN	SUBSTITUTE	ons in effect		
on October 19, 1976.  SUE	2. LIVE? Yes or No	PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES	7. REASON FOR		
on October 19, 1976.	2. LIVE? Yes or No	PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES	7. REASON FOR		
on October 19, 1976.  SUE  1. TITLE OF PROGRAM	2. LIVE? Yes or No	PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED  6. TIMES FROM — TO — — — —	7. REASON FOR		
on October 19, 1976.  SUE  1. TITLE OF PROGRAM	2. LIVE? Yes or No	PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED  6. TIMES FROM — TO — — — —	7. REASON FOR		
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on October 19, 1976.  SUE  1. TITLE OF PROGRAM	2. LIVE? Yes or No	PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED  6. TIMES FROM — TO  — — — — — — — — — — — — — — — — — —	7. REASON FOR DELETION		
on October 19, 1976.  SUE  1. TITLE OF PROGRAM	2. LIVE? Yes or No	PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED  6. TIMES FROM — TO  — — — — — — — — — — — — — — — — — —	7. REASON FOR DELETION		
on October 19, 1976.  SUE  1. TITLE OF PROGRAM	2. LIVE? Yes or No	PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED  6. TIMES FROM — TO  — — — — — — — — — — — — — — — — — —	7. REASON FOR DELETION		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:
Numo	DARIEN COMMUNICATIONS INC 062016
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 of 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, see page (vi) of the general instructions.  • 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.  (Amount of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 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. Filing Fee \$15.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.
	Add lines 1, 2 and 3\$
1	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula · · · · \$263,800
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
- 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
1	
	7. Multiply line 6 by .005 (enter figure here) \$
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. Filing Fee
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.  Add lines 7, 8 and 9
-	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 \$263,800
	3. Subtract line 2 from line 1
10	
I/	4. Multiply line 3 by .01
1	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)
840	6. Interest Charge. Enter the amount from line 4, space Q, page 8
	7. Filing Fee
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7
Ī	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights, See page i of the

LEGAL NAME OF OWNER OF CABLE SYSTEM:	N
DARIEN COMMUNICATIONS INC 062016	Name
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 system carried television broadcast stations.  7.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  274	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N
Name Ken Johnson Telephone 912-437-6615  Address . 1011 North Way  (Number, street, rural route, apartment, or suite number)	Individual to Be Contacted for Further Information
Email (optional) Ken. Johnson@dtctel.com Fax (optional)	
<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification
Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or	
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001]</li> </ul>	
Handwritten signature: Lange Longe L	
Title: President (Title of official position held in corporation or partnership)	
Date:2-9-18	

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.

ACCOUNTING P	PERIOD 2017/2 FORM SA1-2. PAGE 8							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  DARIEN COMMUNICATIONS INC 062016							
Special Statement Concerning Gross Receipts Exclusions	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis 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.							
	☐ YES. Enter the total here and list the satellite carrier(s) below\$							
	Name Mailing address Mailing address Mailing address							
	INTEREST ASSESSMENT							
Q	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.							
Interest Assessment	rol all explanation of interest assessment, see page (vi) of the general instructions.							
	Line 1. Enter the amount of late payment or underpayment							
	Line 2. Multiply line 1 by the interest rate* and enter the sum here							
	Line 3. Multiply line 2 by the number of days late and enter the sum here							
	Line 4, Multiply line 3 by .00274** and enter here and 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.							
	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							
	ID number First community served							

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.