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				
7/11/2024	\$				
	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))							
	2024/1 Period 1 = January 1 - J	une 30 Period 2 = July 1 - December 31						
	Barcode Data Filing Per	iod (optional - see instructions)						
Accounting Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the own the subsidiary, not that of the parent corporation.	ner is a subsidiary of another corporation, give the full corporate title of						
Owner	List any other name or names under which the owner conducts the l	ousiness 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						
	Darien Communications, Inc							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF D	FFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	POB 575 (Number, street, rural route, apartment, or suite number)							
	Darien, GA 31305							
	(City, town, state, zip)	and to identify the hypiness and exercises of the system unless these						
С		sed to identify the business and operation of the system unless these dress of the system, if different from the address given in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

Accounting Period:	2024/1	
	T	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Darien Communications, Inc	62016
	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
D	separate and distinct community or municipal entity (including unincorporated commun	nities within unincorporated areas and including single, discrete
U	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 filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identified
Served	city.	
00.704		
	CITY OR TOWN	STATE
First	Darien	GA
Community	McIntosh	GA
•	Townsend	GA
	Townsend	OA .
Add Rows as Necessary		

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Darien Communications, Inc

SYSTEM ID# 62016

F

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.

BLG	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,394	20.00	Expanded	12	55.00
 Service to additional set(s) 					
FM radio (if separate rate)			Digital	404	18.95
Motel, hotel					
Commercial			HD	259	15.95
Converter					
Residential	279	4.95			
Non-residential					

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:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	70.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	35.00		
Converter	4.95	Disconnect			
		Outlet relocation	32.00		
		Move to new address	70.00		

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Darien Communications, Inc

62016

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

Add Rows as Necessary

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WSAV** 2 Ν Savannah, GA **WVAN** 9 Ε Savannah, GA **WJCL** 4 Ν Savannah, GA **WTOC** 11 N Savannah, GA **WTGS** 28 Savannah, GA

Accounting Period: 2024/1		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Darien Communications, Inc

62016

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

FORM SA1-2E, PAGE 4.

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
J. 122 STOI1	7 (17) 51 1 171	5,5	200,111011 01 01,111011	5, LE 0101V	7 (1V) OF 1 (V)	3/15	
			 				
			 				
			 				
							
			 				
			 				
			 				
	 	·					

Accounting Period	d: 2024/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	Darien Communication	ns, Inc						62016
ı	SUBSTITUTE CARRIAGE In General: In space I, identi	fy every nor	nnetwork televis	ion program, broadcast by	y a <i>distant</i> stat			
Substitute	substitute basis during the ac explanation of the programm							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting per 	iod, did yoι	ır cable system	n carry, on a substitute ba	asis, any nonn	etwork televi	<u>sio</u> n progra	m
Statement and Program Log	broadcast by a distant stati	padcast by a distant station?						
Frogram Log	,	TES LINO						
	log in block 2.	ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program g in block 2.						
	2. LOG OF SUBSTITUTE							
	In General: List each subst				s wherever po	ossible, if thei	r meaning	is
	clear. If you need more spa Column 1: Give the title				o program") th	nat during the	a accountin	
	period, was broadcast by a	distant stat	tion and that vo	our cable system substitu	ted for the pro	aramming of	another st	ation
	under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.			n "Vaa" Othamidaa antan	"NI- "			
	Column 2: If the program Column 3: Give the call:							
	Column 4: Give the broa					ensed by the	FCC or, in	1
	the case of Mexican or Can	adian statio	ons, if any, the	community with which th	e station is ide	entified).	·	
	Column 5: Give the mon		when your sys	tem carried the substitut	e program. Us	e numerals,	with the mo	onth
	first. Example: for May 7 give Column 6: State the time		a aubatituta ara	agram was carried by you	ır aabla ayatan	n List the tim	oo oogurat	oly
	to the nearest five minutes.							ely
	stated as "6:00–6:30 p.m."	Zxampio. c	a program cam	iod by a cyclom nom c.c	1.10 p.iii. to 0	.20.00 p.m. 0	noula bo	
	Column 7: Enter the lette							
	to delete under FCC rules a							gram
	was substituted for program effect on October 19, 1976.		your system wa	as permilled to delete und	der FCC rules	and regulation	ons in	
	ellect off October 19, 1970.							
						EN SUBSTIT		
			E PROGRAM			IAGE OCCU		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -		
						ļ	_	
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Accounting Period:	2024/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Darien Communications, Inc			S	YSTEM ID# 62016
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (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 receipts.	stem's seconda n of how to com	ary transmis	sion service nount, see	1,564.00
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	ut less than \$52 ormation.	27,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR LESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00 Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	,		0)	
	Base amount under statutory formula		,800.00		
	Enter amount of gross receipts from space K		,564.00		
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K			1,564.00	
	5. Enter the amount from line 3			2,236.00	
	6. Subtract line 5 from line 4	\$	1	9,328.00	
	7. Multiply line 6 by .005 (enter figure here)		····· –	\$	96.64
	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	d 8	· · · · · · · · · <u> </u>	\$	96.64
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but less t	han \$527,6	00)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		,800.00		
	Subtract line 2 from line 1	203	,000.00		
	4. Multiply line 3 by .01			4 240 00	
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>		96.64	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \dots	<u>\$</u>		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	116.64
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				ts!

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Darien Commun	NNER OF CABLE SYSTEM:			SYSTEM ID# 62016
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the c	number of channels on which television broadcast stations number of activated channels able system carried television		ng the accounting period.	274
N Individual to Be Contacted	we can contact a	bout this statement of accou	ER INFORMATION IS NEEDED (Ident t.)		
for Further Information	Name	Ken Johnson		Telephone	912-437-6615
		1011 North Way (Number, street, rural route, apartr Darien, GA 31305 (City, town, state, zip)	ent, or suite number)		
	Email	Ken.Johnson@	tctel.com	Fax (optional	
	CERTIFICATION (7	This statement of account mu	st be certified and signed in accordance	e with Copyright Office regulations)	
O Certification	I, the undersigned (Owner (Agent of it) X (Officer it) I have examined the second of the second	other than corporation or partial of owner other than corporation of partial of space B and that the or or partner) I am an officer (if in line 1 of space B. The statement of account and he and correct to the best of my	-	stem as identified in line 1 of space B; ted agent of the owner of the cable sys or p) of the legal entity identified as owner statements of fact contained herein	tem as identified
		Typed or printed Title: (Titl	X /s/ Mary Lou Forsyth Enter an electronic signature on the line a Enter signature using an "/s/ signature" (e Mary Lou Forsyth President of official position held in corporation or partner	.g., /s/ John Smith)	
		 -			

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ounting Period: 2024/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
rien Communications, Inc	62016
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	P Special Statement Concerning Gross Receipts Exclusion
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	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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.	
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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	

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