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					
8/28/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOL	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	AGGG	Stating Lexion Covered by This Statement. (TTTM chody)							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	[2	2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	Г								
	l L	Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
	li li	nstructions:							
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	L	List any other name or names under which the owner conducts the business of the cable system.							
		f there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Connected Investments LLC							
	E	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	ı	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Drawer 1820 Number, street, rural route, apartment, or suite number)							
		Conway SC 29528 City, town, state, zip)							
		JCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С		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 1	DENTIFICATION OF CABLE SYSTEM:							
		63602							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(1	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.

	2004	
Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Connected Investments LLC	0
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings Note: Entities and properties such as hotels, apartments, condominiums, or mobile	u list will serve as a form of system identification hereafter known
Area Served	identified city.	ie nome parks snould be reported in parentneses below the
	CITY OR TOWN	STATE
First	Lumberton	NC
Community	Robeson	NC
	Rennert	NC
Add Rows as Necessary	Pembroke	NC
	Red Springs	NC

Accounting Period: 2020/1 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Connected Investments LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E In General: The information in space E should cover all categories of secondary transmission service of the cable 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission 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 each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 See Sch E-F tab · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Services 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 Sch E-F tab · Pay cable—add'l channel Commercial Fire protection Pav cable Burglar protection • Pay cable-add'l channel Installation: Residential · Fire protection First set · Burglar protection Additional set(s) Other services: • FM radio (if separate rate) Reconnect Converter Disconnect

Outlet relocationMove to new address

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Connected Investments LLC

G

Primary Transmitters: Television

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 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
WMBF-D2	32.2	N	Myrtle Beach
WFXB-D4	43.4	N-M	Myrtle Beach
WBTW-D2	13.2	N-M	Florence
WHMC-D2	9.2	E	Conway
WMBF-D3	32.3	N-M	Myrtle Beach
WBTW-D1	13.1	N	Florence
WGSC-CD	8.1	N	Murrells Inlet
WFXB-D1	43.1	N	Myrtle Beach
WFXB-D3	43.3	N-M	Myrtle Beach
WHMC-D1	9.1	E	Conway
WMFB-D1	32.1	N-M	Myrtle Beach
WPDE-D1	15.1	N	Florence
WPDE-D2	15.2	N	Florence
WPDE-D3	15.3	N-M	Florence
WPDE-D4	15.4	N-M	Florence
WUNJ	39	E	Wilmington
WWMB-D1	21.1	N	Florence
WWMB-D3	21.3	N-M	Florence
WHMC-D3	9.3	E	Conway
WHMC-D4	9.4	E	Conway
WMBF-D4	32.4	N-M	Myrtle Beach
WBTW-D4	13.4	N-M	Florence

Connected Investments LLC

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
							
							
	 						
							
	 						
							
							
							
	T						
	T						
	T						
	T	1		T	T		

	1.0000/4							
Accounting Perio	d: 2020/1 LEGAL NAME OF OWNER OF	CARLE SVS	TEM:				FORM	M SA1-2E. PAGE 5.
Name	Connected Investmen		T LIVI.					SYSTEM ID#
Substitute	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every no. ccounting p ning that mu	nnetwork televi eriod, under sp st be included	ision program, broadcast by pecific present and former F in this log, see page (v) of tl	a <i>distant</i> sta CC rules, reg	ulations, or	r authorizatio	ns. For a further
Special	During the accounting per				sis. anv nonr	network tel	levision proa	ram
Statement and Program Log	broadcast by a distant sta	tion?	•	•	•		YES	X NO
. rog.a zog	Note: If your answer is "No		roct of this po	ago blank. If your answer is	. "Voc " vou r	must comp		
	,	, leave the	rest or triis pe	ige blank. If your answer is	s res, your	nust comp	nete the prog	gram
	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 required 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							ing station tion. or in nonth ately
	effect on October 19, 1976	-			WHE	N SUBST	ITUTE	
	0						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

ccounting Period:	2020/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Connected Investments LLC 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.
Copyright	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 2. TOTAL DOVALTY SEE DAVADLE FOR ACCOUNTING DEPLOT. Add Sees 4 and 2
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	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
	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)
	Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Connected Investments				SYSTEM ID# 0
M	_	* *		s on which the cable system carried television broadcast stations er of activated channels during the accounting period.	
	Enter the total number of system carried television			•	22
	Enter the total number of on which the cable system and nonbroadcast service.	m carried television bro			271
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Karen	Fulmer		Telephone {	343-369-8380
	(Number,	awer 1820 street, rural route, apartment ay SC 29528	nt, or suit	e number)	
	Email (City, town	n, state, zip) karen.fulmer@htci	inc.net	Fax (optional) 843-365-1999	
	CERTIFICATION (This state	ement of account must	be cert	tified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby	certify that (Check one,	but on	ly one, of the boxes.)	
	(Owner other th	an corporation or part	tnershi	p) I am the owner of the cable system as identified in line 1 of space B	3; or
				artnership) I am the duly authorized agent of the owner of the cable soft a corporation or partnership; or	ystem as identified
	X (Officer or parti		corpor	ation) or a partner (if a partnership) of the legal entity identified as own	ner of the cable system
		rect to the best of my kne		clare under penalty of law that all statements of fact contained herein le, information, and belief, and are made in good faith.	
		-	X	/s/ Carlton Lewis	
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	ame:	Carlton Lewis	
				Financial Officer n held in corporation or partnership)	
		Date:		8/28/2020	

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unting Period: 2020/1	FORM SA1-2E. PAGE 8.
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nected Investments LLC	0
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?	Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served Accounting period	

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Block 1

CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:			
Service to first set	819	\$34.95	
Service to additional sets	0	0	
FM Radio	0	0	
Form Motel, Hotel	0	0	
Commercial	0	0	
Converter			
Residential			
Digital Standard			
Digital Advanced (HD & DVR)	1959	\$10.75	
Non-residential			

Block 2

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

Block 1

CATEGORY OF SERVICE	RATE
Continuing Services:	
Expanded Basic Tier	\$40.00
Enhanced Digital Basic Tier	\$10.75
Digital Sports Tier	\$5.00
High Definition Tier	\$0.00
Starz & Encore Movie Pak	\$16.99
HBO Package	\$16.99
Showtime Package	\$16.99
Cinemax Package	\$16.99
Pay-Per-View – InDemand Movies	\$0.00
Pay-Per-View – InDemand Events	Price Varies
Pay-Per-View – Hot Choice	Price Varies
Video-On-Demand – TVN Movies Avg Price	\$4.88
Video-On-Demand – TVN Events Avg Price	\$16.66
Installation: Residential	
First Set (Internet & Cable Installation):	\$180.00
Additional Set (Initial Visit):	\$25.00
Outlet Relocation with new station wire:	\$85.00
Move to New Address – Pre-Wired	

Move to New Address – Not Pre-Wired	
Installation: Non-residential	
Motel, Hotel	
Commercial	
Pay Cable	
Pay Cable – Add'l Channel	
Fire Protection	
Burglar Protection	
Other Services:	
Reconnect	\$75.00
Disconnect	
Outlet Relocation – Subsequent	
Move to New Address	