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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/26/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCU	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	52
		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	
		2000 COMMUNICATIONS BLVD	
		(Number, street, rural route, apartment, or suite number) BALDWIN GA 30511-1762 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless	s these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	WINDSTREAM NEBRASKA INC	631
	Instructions: List each separate community served by the cable system. A "community" i	
	"a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	
	as the "first community." Please use it as the first community on all future filings.	in serve as a form of system identification herearter ki
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Area Served	identified city.	
Serveu	·····	
	CITY OR TOWN	STATE
First	LINCOLN	NE
Community	GEORGETOWN APTS	
	THE WILLOWS	
d Rows as Necessary	ASHLEY SQUARE	
	SUTTER PLACE	
	FOLSUM RIDGE APTS	
	TRENRIDGE GARDENS APTS	
	ANTELOPE GARDENS	
	CENTRAL PARK	
	CHEEVER APTS	
	CHEEVER POINTE	
	STADIUM WEST APTS	
	SPRINGS AT HERITAGE LAKE	

Name E Secondary Transmission Service: Sub- scribers and Rates	WINDSTREAM NEBRAS SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servit Rate: Give the standard rate of unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity s subscriber who pays extra for ca first set" and would be counted of	SERVICE: SUI bace E should c an of television a ay cable) in space (June 30 or De blocks in space transmission s umber of billings ice at the rate in harged for each (Example: "\$20 ounts allowed for in space E, the to their subscries: Where an ind should be counts	cover all and radia ace F, no ecember e E call service. I s in that ndicated n categor 0/mth"). for advar form lis ibers. Gi	categories of s o broadcasts b ot here. All the 31, as the cas for the number In general, you category (the n —not the numi ry of service. In Summarize an nce payment. ts the categori	secondar by your sy facts you se may be r of subsc i can com number o ber of set nclude bo	stem to subscrib state must be the plan state to the cab pute the numbe f persons or org s receiving servit th the amount or	ers. Give i nose existi le system, r of subscr anizations ce). f the charg	information ng on the broken ibers in charged e and the	6316
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	systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity subscriber who pays extra for ca	to their subscri Where an ind should be count	ibers. Gi		es of seco	ondary transmis	sion servic	e that cable	
	categories, that person or entity subscriber who pays extra for ca	should be count	ماميناطين	ive the number					
	subscriber who pays extra for ca								
1									
						i in the count un	der Servic	e to the	
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-ha	ind block. A two	o- or three	e-word descripti	on of the s	ervice is	
-	sufficient.							( )	
-	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
-	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set	1	1,170 8	8.00 - 54.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	IONS: RATES	5				
<b>–</b> –	In General: Space F calls for rat	-				I your cable syst	em's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the					a goa on a ranc	iolo poi pi	ogram baolo,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				neu. Lisi			IOIIII OI a	
-								BLOCK 2	
-	CATEGORY OF SERVICE	BLOC RATE		ORY OF SERV	/ICF	RATE	CATEGO	DRY OF SERVICE	RATE
ľ	Continuing Services:			tion: Non-resi					
	• Pay cable	19.00	• Mote	el, hotel			PPV		Р
	• Pay cable—add'l channel		• Com	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l cha	annel				
	Installation: Residential			protection					
	First set			lar protection					
	<ul> <li>Additional set(s)</li> </ul>		0	ervices:					
	• FM radio (if separate rate)			onnect					
	• Converter			onnect					
				et relocation					
				e to new addre	200				

ccounting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	WINDSTREAM NEBRA			63162
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting to 2)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of illes, regulations, or authorizations: e in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carried on concerning substitute basis stations of s call sign. <i>Do not</i> report origination d with a station according to its over-th he form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program S1(e)(2) and (4))]; and (2) certain station carried by your cable system on a subst the Special Statement and Program Low and both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLKN	8	N	LINCOLN NE
	KOLN	10	N	
Add Rows as Necessary	KHAS	5	N	
Add hows as necessary	KUON	12	E	
	KFXL	17	N	
	KHGI	13	N	

EGAL NAME OF VINDSTRE								SYSTEM I 631
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio stat this by placing Sive the station	y the sys be recein the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
		1	·	-				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2017/2						FOR	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	WINDSTREAM NEBRA	SKA INC						63162
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	G			
I I	In General: In space I, identi	fv everv nor	network televis	sion program, broadcast by	- a <i>distant</i> stati	ion that your	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT			TITUTE CARRIAGE				
Special	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	on program	n
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	,			a blask. Kusur anavusris "	·/ "			
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations v	wherever nos	sihla if thair	meanina is	
	clear. If you need more spa				wherever pos		inearing is	•
				ision program ("substitute p	program") tha	t, during the	accounting	I
	period, was broadcast by a							
	under certain FCC rules, re							า.
	Do not use general categori "NBA Basketball: 76ers vs.		vies of daske	toall. List specific program	i titles, for exa	ampie, i Lov	e Lucy or	
			lcast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute program	m.			
				ne community to which the			FCC or, in	
	the case of Mexican or Can	adian statio	ins, if any, the o	community with which the steep the steep the steep the second second second second second second second second s	station is iden	itified).	ith the mor	ath
	first. Example: for May 7 giv		when your sys		ologiani. Ose	numerais, w		101
			substitute pro	gram was carried by your o	cable system.	List the time	es accurate	lv
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	" <b>D</b> " - C - C						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.					ina regulation		
	0			1				
			E PROGRAM	1	CARRI	N SUBSTIT	IRRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCU	IRRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	

Accounting Period:	2017/2			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NEBRASKA INC			ę	63162 63162
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 se	econdary trans to compute this	mission servi s amount, sec \$ 42	ce
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 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 inf	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe 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	s 1 and 2		· -	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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 an				0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80				
			400 000 40		
	1. Enter the amount of gross receipts from space K		422,220.40		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		158,420.40	4 50 1 00	
	4. Multiply line 3 by .01	-		1,584.20	
	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	•••••••	\$	2,903.20
	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)	· · · · · · ·	\$	2,903.20	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · · · · · · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[	\$	2,923.20
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-21		-		ghts!

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: NEBRASKA INC				SYSTEM ID# 63162
<b>M</b> Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's number of channels on whi television broadcast station number of activated channe able system carried televisio	total number of ac ch the cable s els n broadcast station	ich the cable system carried tivated channels during the a	Iccounting period.	6 . 120
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of account		DN IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	PAM HENDRIX (pan	n.hendrix@wir	ndstream.com)	Telephone	2706.776.4618
	Address	2000 COMMUNICAT (Number, street, rural route, apa BALDWIN GA 3051 (City, town, state, zip)	rtment, or suite number	r)		
	Email	sandra.blade(	@windstream.com	1	Fax (optional)	
O Certification	I, the undersigned     (Owned)     (Agenning)     (Agenning)     (Agenning)     (Official)     (Index and the examined)	ed, hereby certify that (Check or other than corporation or t of owner other than corpor line 1 of space B and that the er or partner) I am an officer line 1 of space B. I the statement of account and e, and correct to the best of m	one, <i>but only one</i> , of partnership) I am the ration or partnershi owner is not a corpora (if a corporation) or a d hereby declare unc	f the boxes.) ne owner of the cable system a i <b>p)</b> I am the duly authorized ag pration or partnership; or	e in good faith.	3; or system as identified
			Enter an electroni Enter signature us	ic signature on the line above to sing an "/s/ signature" (e.g., /s/	o certify this statement.	-
		Typed or printe Title: (Title of	DIRECTOR-	REGULATORY REPO	RTING	
		Date:			FEBRUARY 23, 2018	

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 the 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 telephol 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 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 t 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 lav

unting Period: 2017/2		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
IDSTREAM NEBRASKA INC		631
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 ac lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall n scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se For more information on when to exclude these amounts, see the note on page (vii) of the general instruct located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	or the basic not include sub- section 119." ctions	P Special Statement Concerning Gross Receipts Exclusio
X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$		
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 u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper		Q Interest Assessme
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper		Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper in Line 1 Enter the amount of late payment or underpayment	SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper in the second	SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper in the second	SA1-2 form. - days - < 0.00274 - erest charge)	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper in the second	SA1-2 form. - days - < 0.00274 - erest charge)	Q Interest Assessme
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