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						
02/26/2018	\$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WINDSTREAM SOUTH CAROLINA LLC
		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)
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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.

Accounting Period:	2017/2	
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	WINDSTREAM SOUTH CAROLINA LLC	63215
	Instructions: List each separate community served by the cable system. A "community	
D Area	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 house.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	WEST COLUMBIA	SC
Community	LEXINGTON PL	
Add Rows as Necessary		

Accounting Period: 2017/2 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63215

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

WINDSTREAM SOUTH CAROLINA LLC

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.

BL	OCK 1	BLOCK 2				
CATEGORY OF CERVICE	NO. OF	DATE	NO. OF	-DO DATE		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBE	RS RATE		
Residential:						
Service to first set	74	54.99				
Service to additional set(s)						
FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
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 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
Pay cable	19.00	Motel, hotel		PPV	PP		
 Pay cable—add'l channel 		Commercial					
Fire protection		• Pay 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 relocation					
		Move to new address					

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

SYSTEM ID# 63215

4. LOCATION OF STATION

WINDSTREAM SOUTH CAROLINA LLC

G

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.

2. B'CAST CHANNEL NUMBER

WIS 10 Ν **COLUMBIA SC WLTX** 19 Ν **COLUMBIA SC** COLUMBIA SC 25

3. TYPE OF STATION

Add Rows as Necessary

WOLO	25	N	COLUMBIA SC
WRLK	35	E	COLUMBIA SC
WZRB	47	N	COLUMBIA SC
WACH	57	N	COLUMBIA SC
WKTC	63	N	COLUMBIA SC
		•	
		•	
		•	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM SOUTH CAROLINA LLC

63215

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
	 	 					
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Accounting Perio	d: 2017/2 LEGAL NAME OF OWNER OF	FOR	FORM SA1-2E. PAGE 5.							
Name	WINDSTREAM SOUTH							SYSTEM ID# 63215		
Substitute	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 in the pager SA1-2 form.									
Substitute Carriage: Special Statement and Program Log	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	listed progr								
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7. REASON F					
	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		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM SOUTH CAROLINA LLC	S	YSTEM ID
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	6,384.08
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 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 accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137		
	1. Base amount under statutory formula		
	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)		
	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 \$52	27,600)	
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

: 2017/2									FORM	SA1-2E. PAGE 7
										SYSTEM ID# 63215
to its subscribers, a 1. Enter the total not system carried te 2. Enter the total not on which the cable	and (2) the cable system's to umber of channels on which levision broadcast stations. umber of activated channels le system carried television l	the cable	per of activat e	ed channels dur	ing the ac	counting perior	d.		7 120	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) d										
Name	PAM HENDRIX						Telephone	706.776.46	18	
(I	Number, street, rural route, apartn BALDWIN GA 30511									
Email		windstrea	am.com			Fax (optiona	ıl)			
Owner of (Agent of in line) X (Officer in line) I have examined the are true, complete, a	hereby certify that (Check on other than corporation or part of owner other than corporate 1 of space B and that the owner partner) I am an officer (if e 1 of space B. Typed or printed Title:	ion or pa where is no a corpora ereby decknowledge X Enter an Enter sign	ly one, of the p) I am the or artnership) I of a corporation ation) or a partnership ation) or a partnership in the corporation ation or a partnership in the corporation of the corpora	wher of the cable am the duly auth on or partnership; where (if a partner benalty of law that n, and belief, and /S/ TIMO gnature on the line an "/s/ signature" HY P LOKEN	system as orized age or orized age or or ship) of the at all statem are made	identified in line int of the owner relegal entity ide ents of fact con in good faith. LOKEN certify this state ohn Smith)	e 1 of space B of the cable sy entified as own tained herein	stem as identifi		
	LEGAL NAME OF OW WINDSTREAM S CHANNELS Instructions: You to its subscribers, at 1. Enter the total many system carried te 2. Enter the total many on which the cabbe and nonbroadcas INDIVIDUAL TO Be we can contact about the contact about the captain of the capt	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM SOUTH CAROLINA LLC CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHI we can contact about this statement of account Name PAM HENDRIX Address 2000 COMMUNICATION (Number, street, rural route, aparting BALDWIN GA 30511 (City, town, state, zip) Email Sandra_blade@ CERTIFICATION (This statement of account must be in line 1 of space B and that the own of the complete, and correct to the best of my in line 1 of space B. I have examined the statement of account and have true, complete, and correct to the best of my in [18 U.S.C., Section 1001(1986)] Typed or printed Title: (Title of other complete)	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM SOUTH CAROLINA LLC CHANNELS Instructions: You must give (1) the number of channel to its subscribers, and (2) the cable system's total numb. 1. Enter the total number of channels on which the cable system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activate 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION If we can contact about this statement of account.) Name PAM HENDRIX 2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number) BALDWING A 30511 (City, town, state, zip) Email Sandra.blade@windstream.com CERTIFICATION (This statement of account must be certified and significant of the composition of partnership) I am the or (Owner other than corporation or partnership) I in line 1 of space B and that the owner is not a corporation in line 1 of space B. I have examined the statement of account and hereby declare under pare true, complete, and correct to the best of my knowledge, information [18 U.S.C., Section 1001(1986)] Typed or printed name: Title: DIRECTOR-RE (Title of official position held in corporation held in corp	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM SOUTH CAROLINA LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels dur 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ide we can contact about this statement of account.) Name PAM HENDRIX Address 2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number) BALDWIN GA 30511 (City, town, state, zip) Email Sandra.blade@windstream.com CERTIFICATION (This statement of account must be certified and signed in accordance of the cable of the composition of partnership) and the owner of the cable of the composition of partnership in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B. 1 In a composition of partnership in line 1 of space B. 2 Index examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)] X /S/ TIMC Enter an electronic signature on the line inter signature using an "/s/ signature" Typed or printed name: Timothy P Loken Title: DIRECTOR-REGULATORY (Title of official position held in corporation or partnership) and the corporation or partnership.	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM SOUTH CAROLINA LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried te to its subscribers, and (2) the cable system's total number of activated channels during the activated television broadcast stations. 1. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an inciver can contact about this statement of account.) Name PAM HENDRIX Address 2000 COMMUNICATIONS BLVD (Number, street, rural route, apantment, or suite number) BALDWIN GA 30511 (City, town, state, zip) Email sandra, blade@windstream.com CERTIFICATION (This statement of account must be certified and signed in accordance with Country of the cable system as in line 1 of space B and that the owner is not a corporation or partnership, or (Owner other than corporation or partnership) I am the owner of the cable system as 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 in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statemer true, complete, and cornect to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] Typed or printed name: DIRECTOR-REGULATORY REPORTIONS The partnership) or partnership) or partnership) DIRECTOR-REGULATORY REPORTIONS The partnership or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM WINDSTREAM SOUTH CAROLINA LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broad to its subscribers, and (2) the cable system's total number of activated channels during the accounting period to its subscribers, and (2) the cable system carried television broadcast stations 1. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to who we can contact about this statement of account.) Name PAM HENDRIX Address 2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number) BALDWIN GA 30511 (City, town, satis, zp) Email sandra blade@windstream.com Fax (optiona CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in lin (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity ide in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity ide in line 1 of space B. * I have examined the statement of account and hereby declare under penalty of law that all statements of fact con are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (The of official position hed in corporation or partnership) TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (The of official position hed in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM WINDSTREAM SOUTH CAROLINA LLC 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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name PAM HENDRIX Telephone Address 2000 COMMUNICATIONS BLVD (humber, stour, spatiment, or autic number) BALDWIN GA 30511 (City, town, state, cg) Email Sandra, blade@windstream.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. It he undersigned, hereby certify that (Check one, but only one, of the boxes.) (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 in line 1 of space B and that the owner is not a corporation or partnership; or (Office or partner) I am an officer (if a corporation) or a partner (if a partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership; or (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity ident	EGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM SOUTH CAROLINA LLC	LECAL NAME OF OWNER OF CABLE SYSTEM WINDSTREAM SOUTH CAROLINA LLC 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. System carried television broadcast stations. 12. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 120 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name PAM HENDRIX Telephone 706,776,4618 2000 COMMUNICATIONS BLVD [Minute, steat, runt state, systems; or substrated by the cable system as identified in line 1 of space B. or RADWIN GA. 30511 (City, tean, sep; apil carried and signed in accordance with Copyright Office regulations) * 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. or (Appent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. or (Appent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. or (Appent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. or (Appent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. or (Appent of owner other than corporation or partnership) I am the owner of the cable system in line 1 of space B. (I append of owner other than corporation or partnership) I am the owner of the cable system in line 1 of space B. (I be of space B. or partnership) I am the owne

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 telephon 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 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: 2017/2 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63215 WINDSTREAM SOUTH CAROLINA LLC 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 fol-Р lowing 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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment x 0.00274 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 * 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 Address ID number First community served

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Accounting period