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	T 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> For additional information,
General instructions are located in the first tab of this workbook	02/26/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	

~	ACCC	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	3376
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM OKLAHOMA 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 sulte number) BALDWIN GA 30511-1762	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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:	SYSTEM ID#
Name	WINDSTREAM OKLAHOMA LLC	63376
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c 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	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	BROKEN ARROW	OK
Community	THE SPRINGS AT EAST FIFTY FIRST	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	-2E. PAGE
Name	WINDSTREAM OKLAHO	MA LLC							6337
			Decou		TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, n	ot here. All the	facts you	i state must be t			
Transmission	last day of the accounting period							harden a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	d-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed				ny standa	rd rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		33	54.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC		NEMIE		•				
_	In General: Space F calls for rat	-				ll vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, th	•	,		•	• •			
	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billeu. Il ariy la		largeu on a vana	able hei-hi	ograffi basis,	
Fransmissions:	Block 1: Give the standard rat		ne cable	system for each	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which as				hed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	ption and includ	e the ra	te for each.					
		BLOO			105	DATE	OATEO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	19.00		el, hotel	acintiai		PPV		Р
	• Pay cable—add'l channel	10.00		nmercial					•
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
	Converter			let relocation					
			• UUT						
				ve to new addre	200				

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	WINDSTREAM OKLA			63376
G rimary samitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(4 substitute program basis, a <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 informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channo 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	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-time carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stationarried by your cable system on a subme Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction or gram services such as HBO, ESP to air designation. For example, reportivision station for broadcasting over t station, an independent station, or a for network multicast), "I" (for independent station, or in the paper SA1-2 form. the community to which the station in the s	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTUL	8	N	TULSA OK
	KOTV	6	N	TULSA OK
		19		m
s Necessary	KQCW	19	N	TULSA OK
S Necessary	KOKI	23	N	TULSA OK TULSA OK
Necessary				
Necessary	кокі	23	N	TULSA OK
Vecessary	KOKI KJRH	23 2	N N	TULSA OK TULSA OK
Vecessary	KOKI KJRH KOED	23 2 11	N N E	TULSA OK TULSA OK TULSA OK
Necessary	KOKI KJRH KOED KTPX	23 2 11 44	N N E N	TULSA OK TULSA OK TULSA OK TULSA OK
Necessary	KOKI KJRH KOED KTPX KWHB	23 2 11 44 47	N N E N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
Necessary	KOKI KJRH KOED KTPX KWHB KGEB	23 2 11 44 47 53	N N E N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
Is Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
s Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
s as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
s as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
vs as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK
vs as Necessary	KOKI KJRH KOED KTPX KWHB KGEB KMYT	23 2 11 44 47 53 41	N N E N N N N N	TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK TULSA OK

EGAL NAME OF								SYSTEM II 633
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried b monitoring, to prmation about rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under the whenever it is received a ved 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 he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7.001101	5,0		UNEL OION		5,0		
	h	1						

	od: 2017/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM OKLAF	IOMA LLC	)					63376
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	3			
I	In General: In space I, ident substitute basis during the a	ify every nor	nnetwork televis	sion program, broadcast by	a <i>distant</i> stati			
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the p	aper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work televisio	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	. leave the	rest of this pag	e blank. If vour answer is '	Yes." vou mu	st complete th	ne prograr	
	log in block 2.	,		,	, <b>,</b> , ,		- p 3	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst	itute progra	im on a separa		wherever pos	sible, if their m	neaning is	
	clear. If you need more spa				program") the	t during the e	occupting	
	period, was broadcast by a			ision program ("substitute p ur cable system substitute				
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	nformatior	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		hcast live enter	r "Yes." Otherwise enter "N	lo."			
				isting the substitute progra				
				ne community to which the			CC or, in	
	the case of Mexican or Can			community with which the steep the steep the second s			h the mon	th
	first. Example: for May 7 giv		when your sys			numerais, wit		
	Column 6: State the time	es when the		gram was carried by your o				У
	to the nearest five minutes.	Example: a	a program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. shoi	uld be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	mming that v	our system wa	as require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations	; in	
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM	1		N SUBSTITU		
						AGE OCCUF	KED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	ES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION				1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	T. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	1. TILE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	1. TILE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	1. TILE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	1. TILE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	1. TILE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	T. TILE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
	1. TILE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OKLAHOMA LLC	S	*STEM ID 63376
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	e 9,506.37
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 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.	\$263,800	
	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	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,	100)	
	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		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3	<u> </u>	
	6. Subtract line 5 from line 4	<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)		
	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 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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)	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		50.00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OKLAHOMA LLC	SYSTEM ID# 63376
M Channels	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	11
	on which the cable system carried television broadcast stations and nonbroadcast services .	120
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name PAM HENDRIX Telephone	706.776.4618
	Address 2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number) BALDWIN GA 30511 (City, town, state, zip)	
	Email sandra.blade@windstream.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or</li> </ul>	
	<ul> <li>X (Officer 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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	er of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: <b>TIMOTHY P LOKEN</b>	
	Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DSTREAM OKLAHOMA LLC	6337
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	P Special Statemen 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 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
	Interest Assessme
x	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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 th 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.