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	IT 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	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	63251
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TEXAS WINDSTREAM INC	
		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)	
		(Number, street, rural route, apartment, or suite 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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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)	
L			

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 fing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	TEXAS WINDSTREAM INC Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you the title the first community that you have the first community in the first community that you have the first community the first community that you have the first community the f	
Area	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	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	TEXARKANA	ТХ
Community	RIVER CROSSING CEDAR RIDGE	
Add Rows as Necessary	ENCORE AT WAGONER CREEK	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	TEXAS WINDSTREAM I	NC							6325
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sy system, that is, the retransmissic 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 servi Rate: Give the standard rate ch unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	SERVICE: SU bace E should on of television ay cable) in sp (June 30 or D blocks in space transmission umber of billing ice at the rate harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc	cover al and rad vace F, n ecembe ce E call service. gs in that indicated h catego 20/mth"). for adva e form list ribers. G	I categories of io broadcasts I oot here. All the r 31, as the ca- for the numbe In general, you category (the d—not the num ory of service. I Summarize a nce payment. sts the categor Sive the numbe	secondar by your sy facts you se may be r of subsc u can com number o ber of set nclude bo ny standar ies of seco r of subsc	stem to subscri state must be f p. ribers to the cal pute the number f persons or org s receiving serv th the amount or rd rate variation ondary transmis ribers and rate	bers. Give those exist ble system er of subsci janizations tice). of the charg s within a p sion servic for each lis	information ing on the , broken ribers in charged ge and the particular rate ex that cable sted category	
	categories, that person or entity s subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again und nas rate catego ers of services	nted as a additiona er "Serv ories for s that inc	a subscriber in al sets would b ice to additiona secondary tran lude one or mo	each appl e included al set(s)." nsmission ore second	icable category I in the count ur service that are dary transmission	. Example: der "Servio different fi ons), list the	a residential ce to the rom those em, together	
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOLUD	LINO	TUTE	0,11		INIOL	COBCORIBEIRO	
	 Service to first set 		162	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 SECO In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fun je was m	mation with re- not offered in c do not need to phonsubscribe billed. If any ra e system for ea nished or offere- nade or establis	spect to al combination give rate rs. Rate in tes are ch ch of the a ed during f	n with any secc information con formation shou arged on a vari applicable servio the accounting	ondary tran cerning (1) ld include l able per-pr ces listed. ceriod that	smission services ooth the rogram basis, were not	
		BLO						BLOCK 2	_
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	19.00		i tion: Non-res el, hotel	Idential		PPV		Р
	• Pay cable—add'l channel	10.00		nmercial					•
	Fire protection			cable					1
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set		• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
				let relocation					
	1		• IVIO\	/e to new addr	535		1		

ounting Period:	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	TEXAS WINDSTREAM	M INC		6325
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations 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 basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including isom during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 as explained in the next paragraph. Some with respect to any distant stations can ules, regulations, or authorizations: The in space G—but do list it in space I (the isome also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	evision stations) 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
	KSHV	45	N	SHREVEPORT LA
	KSLA	12	N	
		16		
owe as Necessary				SHREVEPORT LA
ows as Necessary	КРХЈ	21	N	SHREVEPORT LA
ws as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
ws as Necessary	КРХЈ	21	N	SHREVEPORT LA
wws as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
ows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
ows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
ows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
tows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
ows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
lows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
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	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
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	KTAL	6	N	SHREVEPORT LA
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	KMSS	33	N	SHREVEPORT LA
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	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA

EGAL NAME OF			/STEM:					SYSTEM I 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under the whenever it is received a wed 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	It 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	2) it can ertain st general 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	
				1				

	od: 2018/1						FORM	SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				9	SYSTEM ID#
Name	TEXAS WINDSTREAM	INC						63251
	SUBSTITUTE CARRIAG				`			
I I			-			an that your appl	a avatam	corriad on a
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 				s, any nonnet	work television p	orogram	
Statement and	broadcast by a distant sta		···· , ····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,- , -			× NO
Program Log	, ,							
	Note: If your answer is "No"	", leave the	rest of this pag	je blank. If your answer is '	Yes," you mu	st complete the p	program	
	log in block 2.							
	2. LOG OF SUBSTITUTE			te line. I lee ekknevistiene v		aile la if the air man		
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their mea	ining is	
				ision program ("substitute p	program") tha	t, during the acco	ounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of anoth	ner statior	n
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further info	rmation.	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lu	icy" or	
	"NBA Basketball: 76ers vs.		deast live onto	r "Yes." Otherwise enter "N	lo."			
				isting the substitute progra				
				ne community to which the		nsed by the FCC	or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the	he month	
	first. Example: for May 7 giv					1 :		
	to the nearest five minutes.			gram was carried by your o				
	stated as "6:00–6:30 p.m."		a program cam		5 p.m. to 0.2	5.50 p.m. snoulu	De	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was i	required	
	to delete under FCC rules a							n
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations in		
	effect on October 19, 1976.							
					WHE		=	
	s		E PROGRAM	1		N SUBSTITUTE AGE OCCURRI		. REASON FOR
			E PROGRAM 3. STATION'S	1			ED 7	. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCURRI	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TEXAS WINDSTREAM INC	S	*STEM ID 63251
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 6,469.53
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 • 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		
	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		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	7,600)	
	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 Total Remittance	1. 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: DSTREAM INC				SYSTEM ID# 63251
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's tal number of channels on whi ed television broadcast stations tal number of activated channe cable system carried televisio	total number of the cable s	which the cable system carried televisio activated channels during the accountir	ng period.	7
N Individual to Be Contacted		TO BE CONTACTED IF FURT about this statement of account		FION IS NEEDED (Identify an individua	I to whom	
for Further Information	Name	PAM HENDRIX			Telephone 706	.776.4618
	Address	20000 COMMUNICAT (Number, street, rural route, apa BALDWIN GA 3051 (City, town, state, zip)	rtment, or suite num	ber)		
	Email		@windstream.co	om Fax	(optional)	
O Certification	I, the undersig (Ow (Age X (Off I have examin are true, complete	ned, hereby certify that (Check ner other than corporation or ent of owner other than corpor in line 1 of space B and that the ficer or partner) I am an officer in line 1 of space B. ed the statement of account and	one, but only one, partnership) I an ration or partners owner is not a co (if a corporation) o I hereby declare u	n the owner of the cable system as identif ship) I am the duly authorized agent of th	ied in line 1 of space B; or e owner of the cable system entity identified as owner of the fact contained herein	
				/S/ TIMOTHY P LOKI	his statement.	
		Typed or printe	ed name: TIN	NOTHY P LOKEN		
		Title: (Title of		R-REGULATORY REPORTING	5	
		Date:		Au	gust 27,2018	

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

inting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
AS WINDSTREAM INC	632
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? NO	P Special Statement Concerning Gross Receipts Exclusion
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
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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.