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 COPYRIG	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	08/29/2018	\$ 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))	
		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.	63376
		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 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 up 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	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
μ			

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 "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses 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:						FORM SA1	TEM ID
Name	WINDSTREAM OKLAHO	MA LLC							6337
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission	last day of the accounting period							haaliaa	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular servi	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 variation:	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 "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	rom 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 SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		28	54.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		ľ						
	Converter								
	Residential		ľ						
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS						
-	In General: Space F calls for rat	-				ll your cable sys	tem's servi	ices that were	
F	not covered in space E, that is, th	hose services t	hat are	not offered in c	ombinatic	on with any seco	ndary trans	smission	
. .	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billeu. Il ally la		largeu on a vana	able hei-hi	ograffi basis,	
Transmissions:	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 a s				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.			1		
		BLOO			105	DATE	0.475.00	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Pay cable	19.00		el, hotel	uentiai		PPV		Р
	• Pay cable—add'l channel			nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	annol				
	Installation: Residential			protection	unner				
	First set			glar protection					
				services:					
	Additional set(s) EM radio (if separate rate)			connect					
	 FM radio (if separate rate) Converter 								
	- Converter			connect					
				let relocation /e to new addre					

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
116	WINDSTREAM OKLA			63376
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie 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	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a subst he Special Statement and Program Li d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a m (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	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
	KTUL	8	N	TULSA OK
	KOTV	6	N	TULSA OK
ws as Necessary	KQCW	19	N	TULSA OK
VS dS Necessary	KOKI	23	N	TULSA OK
	KJRH	2	N	TULSA OK
	KOED		E	TULSA OK
	КТРХ	44	Ν	TULSA OK
	КМНВ	47	N	TULSA OK
	KGEB	53	Ν	TULSA OK
	KMYT	41	N	TULSA OK
	KRSC	35	E	TULSA OK

EGAL NAME OI								SYSTEM II 633
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: k Column 2: S Column 3: k ignal, indicate Column 4: C	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio state this by placing Sive the station	rning Al y the sys be recein at the Co l sign of of the station cion's sig g a chech n's locati	I-Band FM Carriage: Under (tem 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 mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office in at the system's he system's FM anter this point, see par sed by the cable s he station is licen	egulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain si eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	ANC	0/5			ANA	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2018/1						FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	WINDSTREAM OKLAF	IOMA LLC						63376
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
l Dub atitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	<i>cion program,</i> broadcast by cific present and former FC	a <i>distant</i> stati C rules, regula	ations, or autho	orizations.	For a further
Substitute Carriage:					general mour			-2 101111.
Special	1. SPECIAL STATEMEN					work tolovision	nrogram	
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonnei		1	
Program Log	broadcast by a distant sta						YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete th	e prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa	titute progra	m on a separa		wherever pos	sible, if their m	eaning is	
				sion program ("substitute p	program") tha	t. during the ac	ccountina	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	ramming of an	other stat	ion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	formation	1.
	"NBA Basketball: 76ers vs.	Bulls."		"Yes." Otherwise enter "N		imple, i Love	LUCY OF	
				sting the substitute program				
				e community to which the			CC or, in	
	the case of Mexican or Can Column 5: Give the mor			community with which the steet the steet the steet to be a set to be a set of the substitute provide the substitut			n the mon	ith
	first. Example: for May 7 giv		when your byb			nameraio, wit		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. shou	ld be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	s require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulations	in	
								1
	s	UBSTITUT	E PROGRAM			N SUBSTITU AGE OCCUR	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH			
				4. 01/110100 200/11010	AND DAY	6. TIME FROM —	_S TO	DELETION
								DELETION
								DELETION
								DELETION
		 						DELETION
								DELETION
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Accounting Period:	2018/1	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	, 097.14
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 \$ 263,800.00		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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		nts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MOKLAHOMA LLC				SYSTEM ID# 63376
M Channels	 to its subscriber Enter the tota system carrier Enter the tota on which the other 	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television lcast services	total number of activity In the cable Is In broadcast stations	ated channels during the a	ccounting period.	11
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	PAM HENDRIX			Telephone	9 706.776.4618
	Address	2000 COMMUNICAT (Number, street, rural route, apar BALDWIN GA 30511 (City, town, state, zip)	tment, or suite number)			
	Email	sandra.blade@	windstream.com		Fax (optional)	
O Certification	I, the undersign (Own (Agen ir X (Offi ir · I have examine	I (This statement of account m hed, hereby certify that (Check o her other than corporation or p nt of owner other than corpora h line 1 of space B and that the o cer or partner) I am an officer (h line 1 of space B. ed the statement of account and the, and correct to the best of my tion 1001(1986)] Typed or printed Title:	ane, <i>but only one</i> , of the partnership) I am the ation or partnership) I am the ation or partnership) bowner is not a corporation) or a partnershy declare under a knowledge, informatic tenter an electronic senter signature using d name:	e boxes.) owner of the cable system a I am the duly authorized age tion or partnership; or artner (if a partnership) of th penalty of law that all staten	s identified in line 1 of space I ent of the owner of the cable s ne legal entity identified as own nents of fact contained herein e in good faith. PLOKEN certify this statement. John Smith)	3; or system as identified ner of the cable system
		(Title of a	official position held in co	rporation or partnership)	August 27, 2018	

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Inting Period: 2018/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DSTREAM OKLAHOMA LLC	6337
 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? 	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
	n
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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