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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Syste General instru in the first tab	uctions		2/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	
		2018/2	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 th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title
Owner		List any other name or names under which	n the owner conducts the business of th	ne cable system.	
		If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should sι ing period.	ıbmit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	63111
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		WINDSTREAM NEBRASKA INC			
	-	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	)	
		MAILING ADDRESS OF OWNER OF			
		(Number, street, rural route, apartment, or suite n			
		BALDWIN GA 30511-1762 (City, town, state, zip)			
С				tify the business and operation of the	
System	name	s already appear in space B. In line IDENTIFICATION OF CABLE SYSTEM:	2, give the mailing address of the	e system, if different from the address	given in space B.
Cystem	1	BEATH TOATION OF CABLE STOTEM.			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	Number, street, rural route, apartment, or suite n	umber)		

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 suffciency of the fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	WINDSTREAM NEBRASKA INC	631 <sup>°</sup>
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	communities within unincorporated areas and including single
	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	
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community	ADAMS GOLD CREST RETIREMENT CENTER	NE NE
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1	TEM ID
Name								6311
_	SECONDARY TRANSMISSION		IBSCRIBERS	AND RATES				
E	In General: The information in s				ary transmission	service of t	he cable	
	system, that is, the retransmission							
Secondary	about other services (including p					those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•			,	ble system	broken	
scribers and	down by categories of secondar	•				2		
Rates	each category by counting the n	umber of billing	gs in that cate	gory (the number	of persons or org	anizations	charged	
	separately for the particular serv							
	Rate: Give the standard rate of unit in which it is generally billed							
	category, but do not include disc					s wiu iir a j		
	Block 1: In the left-hand block				condary transmis	sion servi	ce that cable	
	systems most commonly provide							
	that applies to your system. Not			-	-			
	categories, that person or entity subscriber who pays extra for ca					•		
	first set" and would be counted of							
	Block 2: If your cable system					different f	rom those	
	printed in block 1 (for example, t	iers of services	s that include	one or more seco	ndary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-hand b	lock. A two- or the	ree-word descript	ion of the s	service is	
	sufficient.	DCK 1				BLOCK	2	
		NO. OF					NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RA	ATE CAT	TEGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Service to first set		55	18.00				
			33	18.00				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATES				
-	In General: Space F calls for ra				all your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t							
Comisso	service for a single fee. There and furnished at cost or (2) services							
Services Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		doddify bliod				ogram baolo,	
ransmissions:	Block 1: Give the standard rat							
Rates	Block 2: List any services that listed in block 1 and for which a	• •						
	brief (two- or three-word) description		,		st these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		OF SERVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	TUTE		Non-residential	TUTE	0/(TEOC		TUTL
	• Pay cable		• Motel, ho	tel				
	• Pay cable—add'l channel		Commerce					
	Fire protection		Pay cable	•				
	•Burglar protection			-add'l channel				
	Installation: Residential		Fire prote					
	• First set		• Burglar p					
	Additional set(s)		Other servic					
	• FM radio (if separate rate)		Reconne					
								•
	Converter		<ul> <li>Disconne</li> </ul>	ct				
	• Converter							
	• Converter		Outlet rel					

ccounting Period: 2	2018/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM I
1101115	WINDSTREAM NEBR	ASKA INC		631
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1</b> : List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channel 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	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	of (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Long ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a million of the general education (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	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 endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLKN	8	N	LINCOLN NE
	KOLN	10	N	
d Rows as Necessary	KHAS	5	N	
I ROWS as increasing	KUON	12	E	
	KFXL	17	N	
	KHGI		N	

counting Period:	2018/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	WINDSTREAM NEBRA	ASKA INC		6311
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, excep	y translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under
Primary	5	· · · · · ·	61(e)(2) and $(4))];$ and $(2)$ certain static	•
Transmitters:		s explained in the next paragraph.		
Television		. ,	carried by your cable system on a subs	ititute program
		les, regulations, or authorizations:		\ <b>!# 1</b> 1
	<ul> <li>Do not list the station here station was carried only on a</li> </ul>		the Special Statement and Program Lo	og)—If the
			ed both on a substitute basis and also o	on some other
			s, see page (v) of the general instruction $r_{\rm s}$	
			program services such as HBO, ESPN	
		<b>a</b> 1 <b>a</b> 1	le-air designation. For example, report	
	"WETA-2" as the same on th	8		
	Column 2: Give the channe	I number the FCC assigned to the tele	evision station for broadcasting over th	ie air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a n	
			(for network multicast), "I" (for indepen	
			or "E-M" (for noncommercial education	nal multicast).
		rms, see page (iv) of the general instru		
			at the community to which the station is	
	FCC. For Mexican or Canau	lan stations, if any, give the name of t	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM I 631
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can 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	
							·	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WINDSTREAM NEBRA	SKA INC						63111
	SUBSTITUTE CARRIAG				)G			
1	In General: In space I, ident	-	-			tion that vo	ur cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this no	aa blank If your anowari	• "Voo " vou		-	
	Note: If your answer is "No	, leave the	rest of this pa	age blank. If your answer	s res, your	must compi	ete the prot	Jram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if th	neir meanin	a is
	clear. If you need more spa				oo o o o o			9.0
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				,	, -	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		consod by t		in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitut			s, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."	слатрю.	a program car		1.10 p.m. to t		. Should be	
	Column 7: Enter the lett			m was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete un	der FCC rules	s and regula	ations in	
		•			<b>,</b> ,			•
						N SUBSTI		
	S		E PROGRAM	1		AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	BEELINGIA
		100 01 110	ON LEE OTOTA			THOM	10	
							_	
					]			
							_	
					]			
							_	
							_	
							_	
							_	
					1			
1								

Accounting Period:	2018/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NEBRASKA INC	S	YSTEM ID# 63111
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	<b>5,940.00</b> ss receipts)
Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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 t accounting period is \$52.00	his six-mon	
	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		
	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,	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 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:	2018/2		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: I NEBRASKA INC	SYSTEM ID# 63111
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	6 48
N Individual to Be Contacted	we can contact a	D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name Address	PAM HENDRIX (pam.hendrix@windstream.com)       Telephone 706.77         2000 COMMUNICATIONS BLVD       (Number, street, rural route, apartment, or suite number)	6.4618
	Email	BALDWIN GA 30511         (City, town, state, zip)         sandra.blade@windstream.com         Fax (optional)	
<b>O</b> Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     · I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or it of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as line 1 of space B and that the owner is not a corporation or partnership; or ther or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] Meter 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: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
		Date: FEBRUARY 25, 2019	

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unting Period: 2018/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
IDSTREAM NEBRASKA INC	631
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by 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? X NO YES, Enter the total here and list the satellite carrier(s) below.	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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	Q Interest Assessme
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