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 ACCC	UNT	FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to:
	nry Transmissions		DATE RECEIVED	AMOUNT	- conficced @loc gov
General instru	ems (Short Form) actions are located of this workbook		2/26/2019	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PER		BY THIS STATEMENT: (Y	YYY/(Period))	
	2018/2		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (option	al - see instructions)	
Accounting Period					
В		ame of the owner of th ot that of the parent co		sidiary of another corporation, give the full co	prporate title
Owner	List any other name	e or names under which	n the owner conducts the business of	the cable system.	
			accounting period, only the owner on e payment covering the entire accou	the last day of the accounting period should nting period.	submit a
	Check here if this is	s the system's first filing	g. If not, enter the system's ID number	r assigned by the Licensing Division.	63251
		OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM	1	
	TEXAS WINDST	REAM INC			
	BUSINESS NAM	E(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	т)	
		ESS OF OWNER OF			
	(Number, street, rural	route, apartment, or suite n			
	(City, town, state, zip)				
С		, 0		entify the business and operation of th he system, if different from the addres	5
System		OF CABLE SYSTEM:			
	MAILING ADDRES	S OF CABLE SYSTEM	:		

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TEXAS WINDSTREAM INC	63251
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	ted communities within unincorporated areas and including single, ; you list will serve as a form of system identification hereafter known ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	TEXARKANA	TX
Community		
	CEDAR RIDGE ENCORE AT WAGONER CREEK	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	-2E. PAGE
Name	TEXAS WINDSTREAM I		:					313	6325
Е	SECONDARY TRANSMISSION								
_	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or E	ecembe	r 31, as the ca	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•					,	,	
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Nates	separately for the particular serv		0	0,0		•		charged	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·	,		ny standa	rd rate variatior	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system	has rate categ	ories for	secondary tran	nsmission				
	printed in block 1 (for example, t					,		, U	
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	tion of the s	service is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIND		TUTE	0/11		WICE	COBCONIBENC	1011
	Service to first set		136	54.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				9				
-	In General: Space F calls for ratio					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0 /	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							wara nat	
Rates	listed in block 1 and for which a				•	•	•		
	brief (two- or three-word) descrip		,						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-resi	idential				
	• Pay cable	19.00	• Mot	el, hotel			PPV		F
			• Con	nmercial					
	• Pay cable—add'l channel		1						1
			• Pay	cable					
	 Pay cable—add'l channel Fire protection Burglar protection 		-	cable cable-add'l ch	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire	cable-add'l ch protection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Fire • Bure	cable-add'l ch protection glar protection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Burg Other s	cable-add'l ch protection glar protection ervices:	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Bury Other s • Rec	cable-add'l ch protection glar protection ervices: onnect	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Burg • Burg • Burg • Rec • Disc	cable-add'l ch protection glar protection ervices: onnect connect	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Burn • Rec • Disc • Out	cable-add'l ch protection glar protection ervices: onnect					

ccounting Period:	-			FORM SA1-2E. PAGE
Name				SYSTEM ID 6325
	TEXAS WINDSTREAD			6323
G Primary Transmitters: Television	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 r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	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 le carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSHV	45	N	SHREVEPORT LA
	KSLA	12	N	SHREVEPORT LA
Add Rows as Necessary	KPXJ	21	N	SHREVEPORT LA
Add Rows as Necessary	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
	KTBS	3	N	SHREVEPORT LA

counting Period:	2018/2			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	TEXAS WINDSTREAM	INC		6325			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under			
Primary	5	· · · · ·	61(e)(2) and (4))]; and (2) certain static	•			
Transmitters:		explained in the next paragraph.					
Television		. ,	arried by your cable system on a subs	titute program			
		les, regulations, or authorizations:	the Special Statement and Program Lo	and) if the			
	station was carried only on		the Special Statement and Program Lo	Jg)—II the			
	,		ed both on a substitute basis and also	on some other			
		•					
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each						
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream						
	"WETA-2" as the same on the form.						
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community						
	of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial						
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.						
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the						
	FCC. For Mexican or Canad	lian 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 632
	t 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 ignal, 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 stem whenever it is received a ived 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 le 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						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TEXAS WINDSTREAM	INC						63251
	SUBSTITUTE CARRIAG				-			
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in			
Special	During the accounting per	-			isis any noni	network telev	ision nroa	ram
Statement and		-		n ouny, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comple	te the prog	jram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	gis
				vision program ("substitute	e program") t	hat, during th	ne account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming o	of another s	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi				program o		,	
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m.	should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour svsten	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
	effect on October 19, 1976							
					WHE	N SUBSTIT	UTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							-	
						_	_	
							-	
							-	
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						_		
1								

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TEXAS WINDSTREAM INC	S	YSTEM 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. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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	3,681.35 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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 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	00)	
	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		
	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		nts!

Namo	Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of channels on which the cable system carried belowison broadcast stations in the subserver and (2) the cable system is failed number of activated channels of activated channels (1) 7 Channels 1. Effort the total number of activated channels (1) 120 N 1. Effort the total number of activated channels (1) 120 N Instructions (2) 120 N Instre of account must be origin anon active (2)	Name						SYSTEM ID# 63251
and nonlineadast services		Instructions: Yo to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's t I number of channels on which television broadcast stations I number of activated channel	otal number of activate h the cable s	d channels during the a	ccounting period.	
Individual to Be Contacted finformation we can contact about this statement of account.) Name PAM HENDRIX Telephone 706,776.4618 Address 2000 COMMUNICATIONS BLVD (Market, steet use for the initial) Telephone 706,776.4618 Address 2000 COMMUNICATIONS BLVD (Market, steet use for the initial) Fax (optional) BALDWIN GA 30511 (Dy, war, steet, regi Enail sandra blade@Windstream.com Certification • In the undersigned, hereby certify that (Check one, <i>Jul only one</i> , of the bases.) • In the undersigned, hereby certify that (Check one, <i>Jul only one</i> , of the bases.) • O Certification • I the undersigned, hereby certify that (Check one, <i>Jul only one</i> , of the bases.) • In the option of partnership) arm the owner of the cable system as identified in in the 1 of space 8 and the owner in and corporation or partnership) arm the duay subtorized agent of the cable system as identified in in the 1 of space 8 and the owner in and corporation or partnership) arm the duay subtorized agent of the cable system as identified in the 1 of space 8. • I have examined the datament of account and hereey deciare under pensity of taw that all attaments of fact contained herein are true, complete, and correct to the basel of my knowledge, information, and bellef, and are made in good faith. (18 U.S.C. Section 1001(1986) Typed or printed name: TIMOTHY P LOKEN Tay and or printed name: TIMOTHY P LOKEN Tay and action tore parket in the interestore parket more the		and nonbroado	ast services				120
Information Address 2000 COMMUNICATIONS BLVD (Muther, steek, cure roads, apathment of station number) BALDWIN GA 30511 (Cety, town, take, ziv) BALDWIN GA 30511 (Cety, town, take, ziv) Email sandra.blade@windstream.com Fax (optional) Continue of the statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the bases.) • 0 • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the bases.) • 0 • (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • 1 (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified as owner of the cable system in line 1 of space B; or • 1 (Offer or partnership) I am the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 Image or partnership) I am the owner is not a corporation or partnership of the what all attatements of fact contained herein are true, complexes the best of my knowledge, information, and best of any knowledge, information, any if y signature" (e.g., ly	Individual to				NEEDED (Identify an in	dividual to whom	
Interface server train rotate segmented, or subtransmission BLUNIN GA 30511 (CR) tores, state, app) Email sandra.bladd@@windstream.com Fax (optional) Fax (optional) Image: CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 0 • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 0 • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • 1, the undersigned, hereby certify that (Check one, but only one on a partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or apartnership. • 1, have examined the statement of account and hereby declare under penalty of law that all statements o		Name	PAM HENDRIX			Telephone	706.776.4618
Certification Certification • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 0, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 0, degent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B; or • 0, degent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • 0, (Officer or partner) I am an officer (if a corporation) or a partnership) or • 0, (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1. have examined the statement of account and hareby declare under penalty of law that all statements of fact contained herein are true, complete, and orrect to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Image: Description of partner is gnature with a matching and "/s ignature" (e.g., /s/ John Smith) Typed or printed name: IMOCHTY P LOKEN Title: DIRECTOR.REGULATORY REPORTING Title: DIRECTOR.REGULATORY REPORTING		Address	(Number, street, rural route, apart	ment, or suite number)			
O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Complete in the corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Complete in the comporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. IB U.S.C., Section 1001(1986)] Image: Complete in the originature using an '/s/ signature" (e.g., /s/ John Smith) Typed or printed name: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING Title: DIRECTOR-REGULATORY REPORTING		Email	sandra.blade@	windstream.com		Fax (optional)	
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: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	-	I, the undersign (Owne (Agen in X (Offic in I have examined are true, complet	ed, hereby certify that (Check or er other than corporation or p t of owner other than corpor- line 1 of space B and that the of er or partner) I am an officer (line 1 of space B. d the statement of account and e, and correct to the best of my	bone, <i>but only one</i> , of the partnership) I am the or ation or partnership) I pwner is not a corporatio (if a corporation) or a pa hereby declare under p	boxes.) wner of the cable system am the duly authorized an on or partnership; or rtner (if a partnership) of benalty of law that all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ow ements of fact contained hereir	system as identified /ner of the cable system
Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)				Enter an electronic sigr	nature on the line above to	certify this statement.	
Date: FEBRUARY 26, 2019			Title:	DIRECTOR-REC	GULATORY REPO	RTING	
			Date:			FEBRUARY 26, 2019	

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 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 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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
XAS WINDSTREAM INC	6325
 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 Statement Concerning Gross Receipts Exclusion
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
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Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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