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

FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 08/29/19 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1       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.	63342
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM OHIO INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 4001 RODNEY PARHAM	
		(Number, street, rural route, apartment, or suite number)	
		LITTLE ROCK AR 72212 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	

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.

Return completed workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WINDSTREAM OHIO INC	63342
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	ed communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Served	identified city.	
	CITY OR TOWN	STATE
First	ELYRIA	OH
Community	HIGH POINT IN THE PARK	
Add Rows as Necessary		
		***************************************

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								010	6334
		5							
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in si system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembei	r 31, as the ca	se may be	).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
nutes	separately for the particular servi							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed.				ny standai	d rate variations	within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ondary transmiss	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								
	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.	ind rates, in the	e right-ha	and block. A tv	o- or three	e-word description	on of the s	ervice is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIND	LING	TUTE	0,111				1011
	Service to first set		71	54.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	3				
F	In General: Space F calls for rat	•	,		•	, ,			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the un		usually I	billed. If any ra	tes are ch	arged on a varia	ble per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha cabla	system for on	ch of tho r	nnlicable convic	oc listod		
	Block 2: List any services that							were not	
Rates	listed in block 1 and for which a s	separate charg	e was m	ade or establi					
Rates			la tha rai						
Rates	brief (two- or three-word) descrip	tion and incluc		te for each.			1		
Rates	brief (two- or three-word) descrip	BLO	CK 1					BLOCK 2	
Rates	brief (two- or three-word) descrip		CK 1 CATEG	ORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATI
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATEG Installa	ORY OF SER tion: Non-res		RATE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mote	ORY OF SER tion: Non-res el, hotel		RATE	CATEGO		RATE P
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CK 1 CATEG Installa • Mote • Con	ORY OF SER tion: Non-res el, hotel nmercial		RATE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE	CK 1 CATEG Installa • Mote • Con • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	idential	RATE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO RATE	CK 1 CATEG Installa • Mot • Con • Pay • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable cable	idential	RATE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO RATE	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable	idential	RATE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE	CK 1 CATEG Installa • Moti • Con • Pay • Pay • Fire • Burg Other s	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO RATE	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: onnect	idential	RATE			

	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	WINDSTREAM OHIO	INC		63342
<b>G</b> 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(i 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 m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t 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 d with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	levision stations) me basis under ims [sections ions carried on a postitute program og)—if the pon some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WEWS	5	N	CLEVELAND OH
	WVPX	23	N	CLEVELAND OH
s as Necessary	WQHS	<u>-0</u> 61	N	CLEVELAND OH
	WMFD	12	l	MANSFIELD OH
	MJM	8	N	CLEVELAND OH
		25	E	····
	WVIZ	ZJ	E	CLEVELAND OH
	WEAO	49	E	CLEVELAND OH
	WEAO	49	E	CLEVELAND OH
	WEAO WKYC	49 3	E	CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM	49 3 47	E N I	CLEVELAND OH CLEVELAND OH CANTON OH
	WEAO WKYC WRLM WOIO	49 3 47 19	E N I N	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WEAO WKYC WRLM WOIO WUAB	49 3 47 19 43	E N I N I	CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH

EGAL NAME OF								SYSTEM I 633
_								
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
cecivable if (1) n the basis of or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing give the station	y the sys be recein at the Co I 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 two at the headend, with the oppyright Office regulations on each station carried. If a constant of the station carried of the station carried of the station carried of the station carried of the community of the community to which the the community with which which was a community with wh	at the system's he system's FM anter this point, see particle sed by the cable so he station is licen	eadend, 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	
		T						

/ teebanning i enie	d: 2019/1						FOR	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM OHIO II	NC						63342
	SUBSTITUTE CARRIAG	E: SPECIA			3			
I I	In General: In space I, ident					on. that vour ca	ble svste	n carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or author	rizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instru	uctions in the pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television	program	
Program Log	broadcast by a distant sta	tion?					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 the	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their me	eaning is	
	clear. If you need more spa <b>Column 1:</b> Give the title			sion program ("substitute p	program") tha	t during the ac	counting	
	period, was broadcast by a							ion
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further inf	formation	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love L	_ucy″ or	
			dcast live, enter	"Yes." Otherwise enter "N	0."			
				sting the substitute program				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute p			the mon	th
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program came	ed by a system nom 6.01.1	5 p.m. to 6.2	5.30 p.m. shou	id be	
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	FCC fulles a	nu regulations i	111	
						N SUBSTITU		7. REASON FOR
		2. LIVE?	E PROGRAM			AGE OCCURI	RED	1. REAGON FUR
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN		5 MONTH	6. TIME	S	DELETION
				4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	S TO	
				4. STATION'S LOCATION				
				4. STATION'S LOCATION				
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Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OHIO INC	S	*STEM ID 63342
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	, <b>538.75</b>
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		
	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 \$ 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		nts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OHIO INC	SYSTEM ID# 63342
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	12 120
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name JIM POWELL Telephone	706.896.1089
	Address 1839 HIGHWAY 17 N (Number, street, rural route, apartment, or suite number)	
	YOUNG HARRIS GA 30582 (City, town, state, zip)	
	Email sandra.blade@windstream.com Fax (optional)	
ο	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.	er of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	X /S/ TIMOTHY P LOKEN	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: <b>TIMOTHY P LOKEN</b>	
	Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	Date: AUGUST 28, 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 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 telephon 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 fing, a determination that would be made by a court of law

unting Period: 2019/1	
	SYSTEN
DSTREAM OHIO INC	63:
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 Stateme Concerning Gros Receipts Exclusi
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
	Q Interest Assessm
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 Assessm
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