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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE								
FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
02/20/2020 \$	LLOCATION NUMBER							

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20192 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WideOpenWest, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		ITC Globe Inc.
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		7887 E. Belleview Ave., Ste. 500 (Number, street, rural route, apartment, or suite number)
		Englewood, CO 80111-6007 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	I	Knology of the Valley
		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 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.

	LEGAL NAME OF OWNER OF GARLE OVOTEN	SYSTEM							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	WideOpenWest, Inc.	610							
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Chambers County	AL							
Community	Lanett	AL							
	Valley	AL							
Rows as Necessary	West Point	GA							
		111							
		111							

Accounting Period: 2019/2 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61052

## Ε

### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

WideOpenWest, Inc.

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	2,337	61.75-66.75					
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	14	61.75-66.75					
Converter							
Residential	2,132	2.00-10.00					
Non-residential							
					I		

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	10.99-19.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Expanded Basic	0-83.40
<ul> <li>Fire protection</li> </ul>		• Pay cable		Digital	18.05
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		·····································	
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection		111111111111111111111111111111111111111	
<ul> <li>Additional set(s)</li> </ul>		Other services:		111111111111111111111111111111111111111	
• FM radio (if separate rate)		Reconnect	40.00	111111111111111111111111111111111111111	
Converter		Disconnect	50.00	111111111111111111111111111111111111111	
		Outlet relocation	20.00	111111111111111111111111111111111111111	
		Move to new address	40.00		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61052

WideOpenWest, Inc.

PRIMARY TRANSMITTERS: TELEVISION

# G

### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried 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. *Do not* 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 independent multicast), "E" (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 Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WCIQ	7	E	Mount Cheaha, AL
WCIQ-simulcast	7	E	Mount Cheaha, AL
WJCN-LD	33	l	La Grange, GA
WJSP	23	E	Columbus, GA
WLGA	17	<u> </u>	Opelika, AL
WLGA-simulcast	17	l	Opelika, AL
WLTZ	35	N	Columbus, GA
WLTZ-simulcast	35	N	Columbus, GA
WLTZ-2	35	I-M	Columbus, GA
WLTZ-2-simulcast	35	I-M	Columbus, GA
WLTZ-3	35	I-M	Columbus, GA
WRBL	15	N	Columbus, GA
WRBL-2	15	N-M	Columbus, GA
WRBL-simulcast	15	N	Columbus, GA
WTVM	11	N	Columbus, GA
WTVM-2	11	N-M	Columbus, GA
WTVM-3	11	N-M	Columbus, GA
WTVM-simulcast	11	N	Columbus, GA
WXTX	24	l	Columbus, GA
WXTX-2	24	I-M	Columbus, GA
WXTX-3	24	I-M	Columbus, GA
WXTX-simulcast	24	<u> </u>	Columbus, GA

Accounting	Period:	2019/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WideOpenWest, Inc. 61052

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	T	1	,		T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF ( WideOpenWest, Inc.	CABLE SYST	ГЕМ:					SYSTEM ID# 61052		
	wideOpenwest, inc.							61052		
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identifi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT	fy every nor ecounting pe ng that mus	nnetwork televis eriod, under spe et be included in	<i>sion program,</i> broadcast be cific present and former F this log, see page (v) of t	y a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further		
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program    During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program    During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program    During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program    During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program    During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program    During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log										
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	e the prograr	n		
	clear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, reg Do not use general categorie. "NBA Basketball: 76ers vs. It Column 2: If the program Column 3: Give the call is Column 4: Give the broat the case of Mexican or Canathe Column 5: Give the monifirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules as	tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." I was broad distant statio dadast static dadian statio th and day e "5/7." Is when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system substitute proprogram carried listed program ons in effect du	a separate line. Use abbreviations wherever possible, if their meaning is dditional rows to the tables. Work television program ("substitute program") that, during the accounting and that your cable system substituted for the programming of another station norizations. See page (v) of the general instructions for further information. or "basketball." List specific program titles, for example, "I Love Lucy" or live, enter "Yes." Otherwise enter "No." in broadcasting the substitute program. Docation (the community to which the station is licensed by the FCC or, in any, the community with which the station is identified). In your system carried the substitute program. Use numerals, with the month stitute program was carried by your cable system. List the times accurately gram carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be a program was substituted for programming that your system was required to effect during the accounting period; enter the letter "P" if the listed program system was permitted to delete under FCC rules and regulations in						
					11 14/11	TN CURCT	ITLITE			
	SI	UBSTITUT	E PROGRAM	1		EN SUBST RIAGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. FROM	TIMES — TO	DELETION		
		163 01 110	OALL SIGN	4. STATION S ESCATION	AND DAT	TROW				
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Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WideOpenWest, Inc.			(	SYSTEM ID: 6105
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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.	system's s tion of how	econdary trans to compute this	mission servi s amount, see \$ 47	ce
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	) but less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that yo	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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	3,800 (but l	ess than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	477,698.07		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	213,898.07		
	4. Multiply line 3 by .01		\$	2,138.98	
	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 .		\$	3,457.98
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,457.98	
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,477.98
	Important: Your remittance must be in the form of an electronic payi See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period:	2019/2							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF WideOpenWest, Inc.	CABLE SYSTEM:						SYSTEM ID# 61052
M Channels	to its subscribers, and (2) to its subscribers, and (2) to the system carried television to the control on which the cable system to the cable system.	he cable system's to f channels on which broadcast stations. f activated channels n carried television b	tal numb	nber ble 	which the cable system carried f activated channels during the	accounting period.	ons	318
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	ATION IS NEEDED (Identify an	individual to whom		
for Further Information	Name Jim W	aechter				Teleph	none 7	20-479-3527
	(Number,	E. Belleview Ave street, rural route, apartm wood, CO 8011 , state, zip)	ent, or suit					
	Email	Jim.Waechter@v	wowinc.	C.COI	1	Fax (optional)		
	CERTIFICATION (This state	ement of account mus	st be cer	ertifie	d and signed in accordance wit	h Copyright Office regulation	ons)	
O Certification	• I, the undersigned, hereby				e, of the boxes.) m the owner of the cable system	n as identified in line 1 of spa	ace B; c	or
	in line 1 of sp	ace B and that the ow	ner is no	not a	rship) I am the duly authorized a orporation or partnership; or		·	
	in line 1 of sp  • I have examined the staten	ace B.  nent of account and he ect to the best of my k	ereby dec	eclar	) or a partner (if a partnership) of under penalty of law that all stat formation, and belief, and are ma	tements of fact contained he		of the cable system
				n ele	/ Rich Fish  tronic signature on the line above re using an "/s/ signature" (e.g., /		_	
		Typed or printed i	name:	F	ich Fish			
		i i			ancial Officer  Id in corporation or partnership)			
		Date:				2/20/20		

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 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

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ideOpenWest, Inc.	61052
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address Mailing Address	
	1
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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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 original filing.	
Owner Address	
ID number  First community served  Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.