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

STATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Beturn completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instruc	ctions are located of this workbook	02/26/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	

		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
B Owner		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. 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	
		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 unless the s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	se
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	2	MAILING ADDRESS OF CABLE SYSTEM: (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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Humo	WINDSTREAM NEBRASKA INC	631
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single u list will serve as a form of system identification hereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	
Area Served	identified city.	e nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	LINCOLN	NE
Community	GEORGETOWN APTS	
	THE WILLOWS	
d Rows as Necessary	ASHLEY SQUARE	
	SUTTER PLACE	
	ANTELOPE GARDENS	
	CENTRAL PARK	
	CHEEVER APTS	
	CHEEVER POINTE	
	STADIUM WEST APTS	
	SPRINGS AT HERITAGE LAKE	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	WINDSTREAM NEBRAS	KA INC							6316
	SECONDARY TRANSMISSION	SERVICE: SL	IBSCR	IBERS AND R	ATES				
E	In General: The information in s		-	-	-	y transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la evetam	broken	
scribers and	down by categories of secondary						,	,	
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				iny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion servio	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					i în the count un	der Servio	ce to the	
	Block 2: If your cable system I					service that are	different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	nand block. A tv	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1			1		BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		E 0	18.00 -					
	Service to first set		58	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	NSMIS	SIONS: RATE	S				
Е	In General: Space F calls for rat	e (not subscrib	er) info	rmation with re	spect to al	ll your cable sys	tem's serv	ices 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		,		0		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaany	2			p p.	og.a 220.0,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				snea. List	these other serv	ices in the	e iorm of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	RATE		ation: Non-res		RAIE	CATEG	ORT OF SERVICE	RATE
	Pay cable	19.00		tel, hotel	naemua		PPV		PF
	Pay cable—add'l channel	10.00		mmercial					
	Fire protection		-	y cable					
	•Burglar protection			y cable-add'l ch	nannel				
	Installation: Residential			e protection	annei				
	First set			rglar protection					
	Additional set(s)			services:					
				connect					
	• FM radio (if separate rate)			sconnect					
			ı •∪IS	seci					
	Converter								
	• Converter		• Ou	tlet relocation					

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	WINDSTREAM NEBR	ASKA INC		63162
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations s's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instri- n of each station. For U.S. stations, lis	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 the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (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 i	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 andent), "I-M" onal multicast). s licensed by the
	FCC. For Mexican or Canac 1. CALL SIGN	dian stations, if any, give the name of t	the community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	KLKN	8	N	
	KOLN	10	N	
ws as Necessary	KHAS	5	N	
as necessary	KUON	12	E	
	KFXL	17	N	
	KHGI	13	N	

EGAL NAME OF									SYSTEM 63 ⁻
	t every radio s	tation ca	arried on a separate and disonerally receivable by your ca						н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Cc sign of e he static ion's sig g a checl n's locati	I-Band FM Carriage: Under the whenever it is received ved at the headend, with the opyright Office regulations or each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the community with which th	at es ntl sse	the system's he system's FM ante his point, see pa ed by the cable s e station is licen	adend, and (2 enna, during c ge (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain si jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		1					r		-
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	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM NEBRA	ASKA INC						63162
	SUBSTITUTE CARRIAG				3			
1	In General: In space I, ident	-	-			on that you	ur cable svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	•••		•				
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	work telev	ision program	1
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Program Log	Note: If your answer is "No	" loovo tho	root of this nos	io blonk. If your onowor io "	Voo " vou mu	at complet	-	-
	-	, leave the	rest of this pag	je blank. Il your answer is	res, you mu	ist complet	e the program	ri
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			te line. Use abbreviations v	wherever pos	sible. if the	ir meaning is	
	clear. If you need more spa					,		
				ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				r "Yes." Otherwise enter "N				
				isting the substitute programe to community to which the		nsed by the	e FCC or in	
	the case of Mexican or Car						01 00 01, 11	
	Column 5: Give the mor	nth and day		tem carried the substitute p			with the mon	ith
	first. Example: for May 7 giv					1 :		
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."	Example. a	i program cam		o p.m. to 0.2	0.00 p.m. s		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete under	FCC fulles a	nu regulati		
						N SUBST		
	S	2. LIVE?	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NEBRASKA INC	S	YSTEM ID# 63162
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 servic s amount, see	e 3,265.95
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		
	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			
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:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE WINDSTREAM NEE		:			SYSTEM ID# 63162
M Channels	 to its subscribers, and Enter the total num system carried telev Enter the total num on which the cable s 	d (2) the cable system' ber of channels on wh rision broadcast station ber of activated chann system carried televisio	s total number of ac iich the cable is	ich the cable system carried t ctivated channels during the a	ccounting period.	6
N Individual to Be Contacted		CONTACTED IF FUR this statement of acco		ON IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name JI	M POWELL			Telephone 7	706.896.1089
	(Nur YC	39 HIGHWAY 17 mber, street, rural route, ap OUNG HARRIS G r, town, state, zip)	artment, or suite numbe	r)		
	Email	sandra.blade	@windstream.con	n	Fax (optional) 330.486.3504	
O Certification	I, the undersigned, he (Owner oth (Agent of o in line 1 X (Officer or in line 1 I have examined the s	ereby certify that (Check er than corporation or wner other than corpor of space B and that the partner) I am an office of space B. statement of account an d correct to the best of r	cone, <i>but only one</i> , or partnership) I am t pration or partnersh e owner is not a corp r (if a corporation) or d hereby declare und	he owner of the cable system a ip) I am the duly authorized ag oration or partnership; or	is identified in line 1 of space B; o ent of the owner of the cable sys ne legal entity identified as owner nents of fact contained herein	tem as identified
				/S/ TIMOTHY F nic signature on the line above to sing an "/s/ signature" (e.g., /s/	o certify this statement.	
		Typed or print	ed name: TIM	OTHY P LOKEN		
		Title: (Title o		REGULATORY REPO	RTING	
		Date:			FEBRUARY 25, 2020	

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	OVOTE
	SYSTEN 63
DSTREAM NEBRASKA INC	
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gro
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 Exclusi
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 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.	\sim
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
	Q Interest Assessm
	LINTEREST ASSESSM
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
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Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
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Line 1 Enter the amount of late payment or underpayment	Lange Lang
Line 1 Enter the amount of late payment or underpayment	L CQ Interest Assessm
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessm
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessm

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