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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab 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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	63165
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM NEBRASKA 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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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)	
<u>.</u>			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WINDSTREAM NEBRASKA INC	63165
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Served	luentineu city.	
	CITY OR TOWN	STATE
First	ASHLAND	NE
Community	OXBOW RETIREMENT	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	WINDSTREAM NEBRAS							513	6316
	WINDSTREAM NEDRAS								
Е	SECONDARY TRANSMISSION		-						
L	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period							.g en ale	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv							charged	
	Rate: Give the standard rate of	harged for eac	h category	of service. Include	e both the a	mount o	f the charge		
	unit in which it is generally billed				ndard rate v	ariations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				secondary	transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note	e: Where an in	dividual or c	rganization is rec	eiving serv	ice that f	alls under o	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					count un	der "Servic	e to the	
	Block 2: If your cable system					that are	different fro	om those	
	printed in block 1 (for example, t	iers of services	that includ	e one or more sec	condary tra	nsmissio	ns), list the	m, together	
	with the number of subscribers a	and rates, in the	e right-hand	block. A two- or t	three-word	descripti	on of the se	ervice is	
	sufficient.	OCK 1					BLOCK	` つ	
		NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE C	CATEGORY	OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		56	22.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES					
E	In General: Space F calls for rat				to all your c	able syst	em's servi	ces 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							vere not	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVICE	RA	TE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installatio	n: Non-residentia	al				
	• Pay cable	19.00	• Motel, I	notel			PPV		P
	Pay cable—add'l channel		Comme	ercial					
	Fire protection		•Pay ca	ble					
	•Burglar protection		• Pay ca	ole-add'l channel					
	Installation: Residential		 Fire pro 	tection					
	• First set		 Burglar 	protection					
	 Additional set(s) 		Other serv	ices:					
	 FM radio (if separate rate) 		 Reconr 	lect					
	Converter		 Discon 	nect					
	• Converter			nect elocation					

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	WINDSTREAM NEBR	ASKA INC		63165
	PRIMARY TRANSMITTERS:	TELEVISION		
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 ru	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	<i>t</i> (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul	ime basis under ams [sections tions carried on a ostitute program
	List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channor of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	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	, see page (v) of the general instruct 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 indep- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ions. PN, etc. Identify each ort 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
	KETV	7	N	OMAHA NE
	KMTV	3	N	OMAHA NE
dd Rows as Necessary	KXVO	15	N	OMAHA NE
u Rows as Necessary	КРТМ	42	N	OMAHA NE
	WOWT	6	N	OMAHA NE
	KBIN	32	E	
		26	E	
	KYNE	20	E	

EGAL NAME OF								SYSTEM II 631
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
pecial Instruct eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. dentify the call tate whether it the radio stat this by placing Sive the station	rning Al y the sys be recein at the Co l sign of the the static tion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	Copyright Office in it the system's he system's FM anter this point, see par sed by the cable s he station is licen	regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ærtain st general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
				1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM NEBRA	SKA INC						63165
	SUBSTITUTE CARRIAG							
1	In General: In space I, identi				-	ion that your	cable svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	on progran	<u>1</u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Note: If your answer is "No	' loovo tho	rest of this nac	e blank. If your answer is '		ust complete t	-	
		, leave the	rest of this pag	je blatik. Il your allswel is	res, you mu		ine progran	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their i	meaning is	
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.			-	
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	1.
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				r "Yes." Otherwise enter "N				
				isting the substitute progra ne community to which the		nsed by the F	CC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute	program. Use	numerals, wi	ith the mor	nth
	first. Example: for May 7 giv					1		L .
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2	0.00 p.m. snc		
				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 unde	r FCC rules a	ind regulation	s in	
								1
				_		N SUBSTIT		
	S		E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		
	-						-	
							-	
						_		
						_ _		
							-	
						_		
							-	
							<u> </u>	
							-	
						_		
						_		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NEBRASKA INC	S	YSTEM ID# 63165
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 the 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 5,300.00
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	. S	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		
	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 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		DWNER OF CABLE SYSTEM: I NEBRASKA INC				SYSTEM ID# 63165
M Channels	 to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c 	s, and (2) the cable system's I number of channels on which television broadcast stations I number of activated channe able system carried television	total number of a ch the cable s	which the cable system carried to activated channels during the ac	ccounting period.	7
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of accou		TION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	JIM POWELL			Telephone	706.896.1089
	Address	1839 HIGHWAY 17 N (Number, street, rural route, apa		ber)		
		YOUNG HARRIS G	A 30582			
	Email	sandra.blade@	windstream.co	om	Fax (optional) 330.486.3504	
O Certification		(This statement of account n		and signed in accordance with 0 , of the boxes.)	Copyright Office regulations)	
	(Owne	er other than corporation or I	partnership) I am	n the owner of the cable system as	s identified in line 1 of space B;	or
	in X (Offic in • I have examined	line 1 of space B and that the eer or partner) I am an officer line 1 of space B. d the statement of account and	owner is not a co (if a corporation) o I hereby declare u	ship) I am the duly authorized age rporation or partnership; or or a partner (if a partnership) of th under penalty of law that all statem rmation, and belief, and are made	e legal entity identified as owner nents of fact contained herein	
	[18 U.S.C., Section	on 1001(1986)]	V			
				/S/ TIMOTHY P onic signature on the line above to e using an "/s/ signature" (e.g., /s/	certify this statement.	
		Typed or printe	ed name: TIN	NOTHY P LOKEN		
		Title: (Title of		R-REGULATORY REPOR	RTING	
		Date:			FEBRUARY 25, 2020	

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Inting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DSTREAM NEBRASKA INC	631
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemer Concerning Gros Receipts Exclusio
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.	
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 Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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