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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook 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	S 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)	/YY/(Period))	

	ACCC	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	63211
		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)	
		(Number, street, rural route, apartment, or suite number)	
		(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 the address given in the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WINDSTREAM OHIO INC	63211
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	NEWARK	OH
Community	PLAZA GARDENS	
	NEW DREX	
Add Rows as Necessary		
		-
		-

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							FORM SA1	TEM ID
Name	WINDSTREAM OHIO INC	C								6321
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the new separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in span / transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed	cover a and rad ace F, r ecembe ce E cal service. gs in tha indicated h catego 20/mth") for adva	Il categories of lio broadcasts not here. All the r 31, as the ca l for the numbe In general, yo t category (the d—not the num ory of service. . Summarize a unce payment.	secondar by your sy a facts you se may be er of subso u can com number of set Include bo ny standa	rstem to sub a state must e). pribers to the npute the nu f persons or s receiving th the amou rd rate varia	scribers be those cable s mber of r organiz service). unt of the tions wit	. Give in e existir system, subscri ations o e charge thin a pa	nformation ng on the broken bers in charged e and the articular rate	
	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 or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	e: Where an in- should be cour ble service to a once again und has rate catego iers of services	dividual nted as a additiona er "Serv pries for a that inc	or organizatior a subscriber in al sets would b ice to addition secondary trai clude one or m	n is receivi each app le included al set(s)." nsmission ore secon	ing service t licable categ I in the cour service that dary transm	hat falls gory. Exa nt under t are diffe issions),	under o ample: a "Servico erent fro list the	lifferent a residential e to the om those m, together	
	BLC	DCK 1	. T				E	BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF	SERVIO	CE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		214	17.00						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential		I							
	Non-residential									
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fur le was n	mation with re not offered in (do not need to p nonsubscribe billed. If any ra e system for ea nished or offer- nade or establi	spect to a combination give rate ers. Rate in ates are ch ach of the a ed during	on with any s information nformation s narged on a applicable so the accounti	seconda concern hould ind variable ervices I ing peric	ry trans ing (1) s clude be per-pro isted. od that v	mission services oth the ogram basis, vere not	
		BLO	CK 1						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	С	ATEGO	ORY OF SERVICE	RATI
	Continuing Services:			ation: Non-res	idential					
	• Pay cable	19.00		tel, hotel						
	Pay cable—add'l channel Fire protection		_	nmercial						
	Fire protection Burglar protection			/ cable / cable add'l ch	annal					
	•Burglar protection Installation: Residential			<pre>v cable-add'l ch protection</pre>	annei					
				•						
			• Bur	glar protection						
	First set Additional set(s)		Other	arvices						
	 Additional set(s) 			services:						
	• Additional set(s) • FM radio (if separate rate)		• Red	connect						
	 Additional set(s) 		• Red • Dis							

	2019/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	WINDSTREAM OHIO	INC		63212
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: 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 <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f Column 2: Give the channo 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 locatio	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n 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 in 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 L d both on a substitute basis and also roogram 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 actions 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 the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wwho	53	N	COLUMBUS OH
	WCMH	4	N	COLUMBUS OH
	WOSU	34	E	COLUMBUS OH
Add Rows as Necessary	WTTE	28	N	
	WSYX	6	N	COLUMBUS OH
		10	N	
		10		
	WBNS WSE I	51		
	WSFJ	51	N	COLUMBUS OH COLUMBUS OH
		51		m

EGAL NAME OF			UTEW.					SYSTEM 632
	every radio s	tation ca	rried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing vive the statior	/ the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the <u>c</u> system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
<u></u>		e 17						
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.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM OHIO II	NC						63211
					2			
1	SUBSTITUTE CARRIAG				-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	work telev	vision program	ı
Statement and Program Log	broadcast by a distant sta	-	-		·		YES	× NO
Program Log	Note: If your answer is "No	" loovo tho	reat of this near	o blonk. If your onowor is "	Voo " vou mu	ot comple	_	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist comple	te the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if the	eir meaning is	
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			sion program ("substitute p				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I L	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva anta	"Yes." Otherwise enter "N	0 "			
				sting the substitute program				
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice		e FCC or, in	
	the case of Mexican or Can							41-
	first. Example: for May 7 give		when your sys	tem carried the substitute p	brogram. Use	numerals	, with the mor	แท
			substitute pro	gram was carried by your o	able system.	List the tir	mes accurate	ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. :	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that w	our system	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulat	ions in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCO		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
		1					_	
							_	
		4						
						·		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OHIO INC	S	YSTEM ID: 6321
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I 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.	smission servic s amount, see	e 5,418.00
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	\$	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 \$52	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 informa		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	OWNER OF CABLE SYSTEM: OHIO INC	SYSTEM ID# 63211
M Channels	 to its subscribers 1. Enter the total system carried 2. Enter the total on which the carried 	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	7 120
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	JIM POWELL Telephone 70	6.896.1089
	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) 330.486.3504	
O Certification	• I, the undersigne	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Agen in X (Offic in • I have examined	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syster line 1 of space B and that the owner is not a corporation or partnership; or ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	
		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: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
		Date: February 25, 2020	

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Inting Period: 2019/2	FORM SA1-2E. PAG
	SYSTEM 632
DSTREAM OHIO INC	032
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.	P Special Statemer Concerning Gros Receipts Exclusio
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.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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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