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 USE ONLY						
DATE RECEIVED	AMOUNT					
02/26/2020	\$ ALLOCATION 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
		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
		TEXAS WINDSTREAM 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 unless these is 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:
	-	MAILING ADDRESS OF CABLE SYSTEM:
		THE PROPERTY OF THE PROPERTY O
	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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	TEXAS WINDSTREAM INC	632
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated c 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.	ist will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OF TOWN	CTATE
Firet	CITY OR TOWN NASH	STATE TX
First ommunity	PECAN HAVEN	
Cilinating		
ows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TEXAS WINDSTREAM INC

63253

# Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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.

BLOCK 2			
ATE			
AIL.			

# 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			
Pay cable	19.00	Motel, hotel		PPV	PP
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63253

## **TEXAS WINDSTREAM INC**

G

# Primary Transmitters: Television

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
KSHV	45	N	SHREVEPORT LA
KSLA	12	N	SHREVEPORT LA
KPXJ	21	N	SHREVEPORT LA
KTAL	6	N	SHREVEPORT LA
KLTS	24	E	SHREVEPORT LA
KMSS	33	N	SHREVEPORT LA
KTBS	3	N	SHREVEPORT LA
	u•		
	u•		
	**************************************		

Accounting Period: 2019/2		
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FORM SA1-2E. PAGE 4.

TEXAS WINDSTREAM INC

63253

## 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
					_		
	<del></del>	<del> </del>				<b></b>	ł

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SVST	TEM:				FUR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	TEXAS WINDSTREAM		I EIVI.					63253
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOG	}			
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	During the accounting per	riod, did you	r cable system	carry, on a substitute basis	s, any nonnet	work televis	sion progran	n
Program Log	broadcast by a distant sta	ition?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is "	Yes," you mu	st complete	the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUT		_					
	In General: List each subs clear. If you need more spa				vnerever poss	sidie, it their	r meaning is	<b>;</b>
	Column 1: Give the title	of every nor	nnetwork telev	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.	Bulls."						
			,	r "Yes." Otherwise enter "N				
				isting the substitute prograr ne community to which the s		nsed by the	FCC or in	
	the case of Mexican or Car						7 00 01, 111	
			when your sys	tem carried the substitute p	rogram. Use	numerals, \	with the mor	nth
	first. Example: for May 7 gi		eubetitute pro	gram was carried by your c	ahla evetam	List the tim	es accurate	dv
	to the nearest five minutes.							ч
	stated as "6:00-6:30 p.m."	·		• •		•		
	Column 7: Enter the letter to delete under FCC rules a			was substituted for program				
	was substituted for program							aiii
	effect on October 19, 1976		,	'		5		
					\\/\L	N CLIDCTI	TUTE	
	į,	SUBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE  CARRIAGE OCCURRED 7. REASON F			7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH 6. TIMES			DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
								"
							_	
								"
						<u>·</u>		
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		-						
								<b></b>
							_	
								<del> </del>

NAME OF OWNER OF CABLE SYSTEM:  AS WINDSTREAM INC  SS RECEIPTS  counts: The figure you give in this space determines the form you file and the amount you pay. Experience of the system's secondary transmitted in space E) during the accounting period. For a further explanation of how to compute this (vii) of the general instructions located in the paper SA1-2 form. Torss receipts from subscribers for secondary transmission service(s) suring the accounting period.  RIGHT ROYALTY FEE  TO compute the royalty fee you owe:  Ideb block 1, block 2, or block 3.  To compute the mount of gross receipts in space K is \$137,100 or less lock 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to lock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 et (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  citions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for nating period is \$52.00  Royalty fee for accounting period  Interest charge. Enter the amount from line 4, space Q, page 8  TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, and amount under statutory formula \$263,800.00  Total royal forms in a space K is amount of gross receipts from space K is more than \$137, and the space is a space i	\$263,800  this six-month  \$\frac{1}{2}\$  \$\frac{1}{	5,216.00 oss receipts)
SS RECEIPTS Inctions: The figure you give in this space determines the form you file and the amount you pay. Ections: The figure you give in this space by subscribers for the system's secondary transmitted in space E) during the accounting period. For a further explanation of how to compute this (vii) of the general instructions located in the paper SA1-2 form.  Incomplete the subscribers for secondary transmission service(s)  Incomplete the accounting period.  Incomplete a statement in space P concerning gross receipts.  IGHT ROYALTY FEE  IONS: To compute the royalty fee you owe:  Itele block 1, block 2, or block 3.  Iock 1 if the amount of gross receipts in space K is \$137,100 or less  Iock 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to lock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 et (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  Intons: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for noting period is \$52.00  Royalty fee for accounting period  Interest charge. Enter the amount from line 4, space Q, page 8  TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, e amount under statutory formula	\$263,800  this six-month  \$ . \$\$	5,216.00 oss receipts) 52.00 0.00
cutions: The figure you give in this space determines the form you file and the amount you pay. Equations: The figure you give in this space determines the form you file and the amount you pay. Equition (gross receipts) paid to your cable system by subscribers for the system's secondary transmitfied in space E) during the accounting period. For a further explanation of how to compute this (vii) of the general instructions located in the paper SA1-2 form.  In the general instructions located in the paper SA1-2 form.  In the general instructions located in the paper SA1-2 form.  In the general instructions located in the paper SA1-2 form.  In the general instructions located in the paper SA1-2 form subscribers.  In the general instructions located in space K is \$137,100 or less lock 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to lock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 et (vi) of the general instructions located in the paper SA1-2 form for more information.  In the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS extions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for noting period is \$52.00  Royalty fee for accounting period  Interest charge. Enter the amount from line 4, space Q, page 8  Interest charge. Enter the amount from line 4, space Q, page 8  Interest charge. Enter the amount from line 4, space Q, page 8  Interest charge. Enter the amount from line 4, space Q, page 8  Interest charge. Enter the amount from line 4, space Q, page 8  Interest charge. Enter the amount from line 4, space Q, page 8  Interest charge. Enter the amount from line 4, space Q, page 8  Interest charge. Enter the amount from line 4 amount of gross receipts from space K.	\$263,800  this six-month  \$ . \$\$	5,216.00 oss receipts) 52.00 0.00
RTANT: You must complete a statement in space P concerning gross receipts.  RIGHT ROYALTY FEE ions: To compute the royalty fee you owe: lete block 1, block 2, or block 3. lock 1 if the amount of gross receipts in space K is \$137,100 or less lock 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to lock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 e (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  etions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for nting period is \$52.00  Royalty fee for accounting period  Interest charge. Enter the amount from line 4, space Q, page 8  TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, e amount under statutory formula \$263,800.00  er amount of gross receipts from space K  tract line 2 from line 1	\$263,800 this six-month  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	52.00 0.00
ions: To compute the royalty fee you owe: lete block 1, block 2, or block 3. lock 1 if the amount of gross receipts in space K is \$137,100 or less lock 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to lock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 e (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS etions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for nting period is \$52.00  Royalty fee for accounting period  Interest charge. Enter the amount from line 4, space Q, page 8  TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, e amount under statutory formula  er amount of gross receipts from space K  tract line 2 from line 1	this six-month  \$\$ 100)	52.00
ctions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for nting period is \$52.00  Royalty fee for accounting period	. \$	52.00
Interest charge. Enter the amount from line 4, space Q, page 8.  TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, e amount under statutory formula	. \$	52.00
Interest charge. Enter the amount from line 4, space Q, page 8  TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, e amount under statutory formula \$263,800.00 er amount of gross receipts from space K.  tract line 2 from line 1  er the amount of gross receipts from space K.	\$	0.00
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, e amount under statutory formula	\$	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, e amount under statutory formula	100)	52.00
e amount under statutory formula	- - -	
tract line 2 from line 1	- - -	
er the amount of gross receipts from space K	-	
er the amount of gross receipts from space K	-	
tract line 5 from line 4		
tiply line 6 by .005 (enter figure here)		
rest charge. Enter the amount from line 4, space Q, page 8	-	0.00
rest draige. Litter the amount non-line 4, space Q, page 0		0.00
TAL 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)	
er the amount of gross receipts from space K	=	
e amount under statutory formula	_	
tract line 2 from line 1	_	
tiply line 3 by .01		
alty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
rest charge. Enter the amount from line 4, space Q, page 8	0.00	
TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
ralty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
g Fee (See the instructions for more information on filing fee calculations)	15.00	
FAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)  er the amount of gross receipts from space K  e amount under statutory formula  tract line 2 from line 1  iply line 3 by .01  alty due on the first \$263,800 of gross receipts (under statutory formula)  **Set charge. Enter the amount from line 4, space Q, page 8  **CAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  **FILING FEE AND TOTAL REMITTANCE DUE  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)  **Set Charge Payable for Accounting Period (from Block 1, 2, or 3, above)	tract line 2 from line 1

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF OWNER OF TEXAS WINDSTREAM II					SYSTEM ID# 63253	
M Channels	CHANNELS Instructions: You must giv to its subscribers, and (2) th  1. Enter the total number of system carried television to 2. Enter the total number of	ne cable system's total channels on which to broadcast stations	al number of activat	ed channels during the ac	ecounting period.	7	
	on which the cable systen and nonbroadcast service					120	
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			S NEEDED (Identify an inc	dividual to whom		
for Further Information	Name JIM PC				Telephone	706.896.1089	
	(Number, s	IGHWAY 17 N treet, rural route, apartme HARRIS GA state, zip)					
	Email	sandra.blade@wi	indstream.com		Fax (optional) 330.486.350	4	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, 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						
	in line 1 of spa	ace B and that the own  er) I am an officer (if a ace B.  ent of account and he act to the best of my kr	ner is not a corporation or a pareception or a pareception or a parecept declare under pareception or a parecept declare under pareception or a contract parecept and a contract parecept and a corporation or a c	on or partnership; or rtner (if a partnership) of the enalty of law that all statem			
				/S/ TIMOTHY P mature on the line above to an "/s/ signature" (e.g., /s/ J	certify this statement.		
		Typed or printed n		IY P LOKEN GULATORY REPOF	OTING		
		""	cial position held in corp		February 24, 2020		

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 telepholes. 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 fling, a determination that would be made by a court of lav

counting Period: 2019/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
XAS WINDSTREAM INC	63253
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."	Special Statement Concerning Gross Receipts Exclusion
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.	Neccipie Excidenci
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 Name 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.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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.