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  | T OFFICE USE ONLY    | Return completed workboo<br>by email to:   |
|--|---------------|----------------------|--|
| for Secondary Transmissions by<br>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,<br>contact the U.S. Copyright<br>Office Licensing Division at<br>Tel: (202) 707-8150 |
|  |               | · ·                  |  |

| A                    | ACCO | 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<br>Period |      |   |
| В                    |      | <b>Instructions:</b><br>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   |
|                      |      | WINDSTREAM NORTH CAROLINA LLC   |
|                      |      | 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<br>(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<br>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. |
| 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)   |
| I                    |      |   |

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.

| N-                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA1-2E. PAGE 1E SYSTEM ID#   |
|-----------------------|---|---|
| Name                  | WINDSTREAM NORTH CAROLINA LLC   | 63257   |
| D                     | Instructions: List each separate community served by the cable system. A "cor<br>"a separate and distinct community or municipal entity (including unincorpora<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that<br>as the "first community." Please use it as the first community on all future filir | ted communities within unincorporated areas and including single,<br>you list will serve as a form of system identification hereafter known<br>ngs. |
| Area<br>Served        | Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.   | obile home parks should be reported in parentheses below the  |
|                       | CITY OR TOWN  | STATE   |
| First                 | MOORESVILLE   | NC  |
| Community             | TALBERT WOODS   |   |
|                       | THE FOUNTAIN@MOORESVILLE  |   |
| Add Rows as Necessary |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       | ากามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกา   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |
|                       |   |   |

|               | LEGAL NAME OF OWNER OF CA   | ABLE SYSTEM:       |  |                    |                   |              |                           | TEM ID |
|---------------|---|--------------------|--|--------------------|-------------------|--------------|---------------------------|--------|
| Name          |   |                    | LLC  |                    |                   |              |                           | 6325   |
|               |   |                    |  |                    |                   |              |                           |        |
| Е             | SECONDARY TRANSMISSION  |                    |  |                    | n transmission o  | anviaa af th |                           |        |
| _             | In General: The information in s system, that is, the retransmission                                |                    |  |                    |                   |              |                           |        |
| Secondary     | about other services (including p   |                    |  |                    |                   |              |                           |        |
| Transmission  | last day of the accounting period   |                    |  |                    |                   |              | 5                         |        |
| Service: Sub- | Number of Subscribers: Both   |                    |  |                    |                   |              |                           |        |
| scribers and  | down by categories of secondary   |                    |  |                    |                   |              |                           |        |
| Rates         | each category by counting the nu<br>separately for the particular serv                              |                    |  |                    |                   |              | cnarged                   |        |
|               | <b>Rate:</b> Give the standard rate c   |                    |  |                    |                   |              | e and the                 |        |
|               | unit in which it is generally billed  |                    |  |                    |                   |              |                           |        |
|               | category, but do not include disc   | ounts allowed      | for advance payr                             | nent.              |                   |              |                           |        |
|               | Block 1: In the left-hand block   |                    |  |                    |                   |              |                           |        |
|               | systems most commonly provide<br>that applies to your system. Note                                  |                    |  |                    |                   |              |                           |        |
|               | categories, that person or entity   |                    |  |                    |                   |              |                           |        |
|               | subscriber who pays extra for ca  |                    |  |                    |                   |              |                           |        |
|               | first set" and would be counted o   |                    |  |                    |                   |              |                           |        |
|               | Block 2: If your cable system I   |                    |  |                    |                   |              |                           |        |
|               | printed in block 1 (for example, the printed in block 1 (for example, the pumber of subscribers and |                    |  |                    |                   |              |                           |        |
|               | with the number of subscribers a sufficient.  | ind rates, in the  | e right-hand block                           | C. A two- or three | ee-wora aescripti | on of the s  | ervice is                 |        |
|               |   | DCK 1              |  |                    |                   | BLOCK        | <u>(</u> 2                |        |
|               | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIB |  |                    | EGORY OF SEF      |              | NO. OF<br>SUBSCRIBERS     | RATE   |
|               | Residential:  | SUBSCRID           |  |                    | EGORT OF SET      | (VICE        | SUBSCRIBERS               | NATE   |
|               | Service to first set  |                    | 267 23.00-54                                 | 1 99               |                   |              |                           |        |
|               | Service to additional set(s)  |                    | 207 20.00 0-                                 |                    |                   |              |                           |        |
|               | • FM radio (if separate rate)   |                    |  |                    |                   |              |                           |        |
|               | Motel, hotel  |                    |  |                    |                   |              |                           |        |
|               | Commercial  |                    |  |                    |                   |              |                           |        |
|               |   |                    |  |                    |                   |              |                           |        |
|               | Converter   |                    |  |                    |                   |              |                           |        |
|               | Residential   |                    |  |                    |                   |              |                           |        |
|               | Non-residential   |                    |  |                    |                   |              |                           |        |
|               | SERVICES OTHER THAN SEC   | ONDARY TRA         | NSMISSIONS: F                                | RATES              |                   |              |                           |        |
| F             | In General: Space F calls for rat   |                    |  |                    |                   |              |                           |        |
| Г             | not covered in space E, that is, the  |                    |  |                    |                   |              |                           |        |
| Services      | service for a single fee. There ar<br>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  | rate column.       | -  | -                  | -                 |              | 5 ,                       |        |
| ransmissions: | Block 1: Give the standard rat  |                    |  |                    |                   |              |                           |        |
| Rates         | Block 2: List any services that   |                    |  |                    |                   |              |                           |        |
|               | listed in block 1 and for which a s<br>brief (two- or three-word) descrip                           |                    |  |                    | these other serv  | ices in the  | form of a                 |        |
|               | bler (two- or timee-word) descrip   |                    |  |                    |                   |              |                           |        |
|               | CATEGORY OF SERVICE   | BLO<br>RATE        | CK 1<br>CATEGORY OF                          |                    | RATE              | CATEGO       | BLOCK 2<br>DRY OF SERVICE | RATE   |
|               | Continuing Services:  | RATE               | Installation: No                             |                    | RATE              | CATEGO       | DRT OF SERVICE            | RATE   |
|               | Pay cable   | 19.00              | Motel, hotel                                 |                    |                   | PPV          |                           | PF     |
|               | • Pay cable—add'l channel   |                    | Commercial                                   |                    |                   |              |                           |        |
|               | Fire protection   |                    | Pay cable                                    |                    |                   |              |                           |        |
|               | •Burglar protection   |                    | Pay cable-ad                                 | d'i channel        |                   |              |                           |        |
|               | Installation: Residential   |                    | Fire protection                              |                    |                   |              |                           |        |
|               |   |                    | •  |                    |                   |              |                           |        |
|               | • First set   |                    | Burglar prote                                |                    |                   |              |                           |        |
|               | Additional set(s)   |                    | Other services:                              |                    |                   |              |                           |        |
|               | <ul> <li>FM radio (if separate rate)</li> </ul>   |                    | <ul> <li>Reconnect</li> </ul>                |                    |                   |              |                           |        |
|               | ,   |                    | D:   |                    |                   |              |                           |        |
|               | • Converter   |                    | Disconnect                                   |                    |                   |              |                           |        |
|               | ,   |                    | Disconnect     Outlet reloca     Move to new |                    |                   |              |                           |        |

| ccounting Period:                           | 2019/2  |  |   | F  | ORM SA1-2E. PAGE 3 |
|---|---|--|---|--|--------------------|
| Name  | LEGAL NAME OF OWNER OF  |  |   |  | SYSTEM ID#         |
|   | WINDSTREAM NORT   |  |   |  | 63257              |
|   | PRIMARY TRANSMITTERS:   |  |   |  |                    |
| G<br>Primary<br>Transmitters:<br>Television | carried by your cable syste<br>FCC rules and regulations<br>76.59(d)(2) and (4), 76.61(6<br>substitute program basis, a<br><b>Substitute Basis Stations</b><br>basis under specific FCC ru<br>• Do <i>not</i> list the station here                 | entify every television station (including<br>m during the accounting period, <i>except</i><br>in effect on June 24, 1981, permitting th<br>e)(2) and (4), or 76.63 (referring to 76.6<br>s explained in the next paragraph.<br>: With respect to any distant stations ca<br>ules, regulations, or authorizations:<br>e in space G—but do list it in space I (th                       | (1) stations carried only on a part<br>te carriage of certain network prog<br>1(e)(2) and (4))]; and (2) certain st<br>arried by your cable system on a su  | time basis under<br>rams [sections<br>ations carried on a<br>ubstitute program   |                    |
|   | basis. For further informatic<br>Column 1: List each station<br>multicast stream associated<br>"WETA-2" as the same on a<br>Column 2: Give the channel<br>of license. For example, W<br>Column 3: Indicate in each<br>educational station, by enter | also in space I, if the station was carried<br>on concerning substitute basis stations,<br>n's call sign. <i>Do not</i> report origination p<br>d with a station according to its over-the<br>the form.<br>el number the FCC assigned to the tele<br>/RC is channel 4 in Washington, D.C.<br>a case whether the station is a network st<br>pring the letter "N" (for network), "N-M" ( | see page (v) of the general instructor<br>orogram services such as HBO, ES<br>e-air designation. For example, rep<br>vision station for broadcasting ove<br>station, an independent station, or<br>for network multicast), "I" (for indep | tions.<br>PN, etc. Identify each<br>oort multistream<br>r the air in its community<br>a noncommercial<br>pendent), "I-M" |                    |
|   | (for independent multicast)<br>For the meaning of these te<br><b>Column 4:</b> Give the locatio   | "E" (for noncommercial educational), c<br>erms, see page (iv) of the general instru-<br>n of each station. For U.S. stations, list<br>dian stations, if any, give the name of th<br>2. B'CAST CHANNEL NUMBER   | or "E-M" (for noncommercial educations in the paper SA1-2 form.<br>the community to which the station   | tional multicast).<br>n is licensed by the   | STATION            |
|   |   |  |   |  | OTATION            |
|   | WCNC  | 36   | N   | CHARLOTTE NC   |                    |
|   | WNSC  | 30   | E   | CHARLOTTE NC   |                    |
| dd Rows as Necessary                        | WCCB  | 18   | N   | CHARLOTTE NC   |                    |
|   | WSOC  | 9  | N   | CHARLOTTE NC   |                    |
|   | WJZY  | 46   | Ν   | CHARLOTTE NC   |                    |
|   | UNCEX   | 17   | E   | CHARLOTTE NC   |                    |
|   | WBTV  | 3  | Ν   | CHARLOTTE NC   |                    |
|   | WAXN  | 64   | Ν   | CHARLOTTE NC   |                    |
|   | WUNG/UNCTV  | 4  | E   | CHARLOTTE NC   |                    |
|   | WTVI  | 42   | Е   | CHARLOTTE NC   |                    |
|   | WMYT  | 55   | Ν   | CHARLOTTE NC   |                    |
|   | WHKY  | 14   | Ν   | CHARLOTTE NC   |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |
|   |   |  |   |  |                    |

| EGAL NAME OF  | OWNER OF C  | CABLE SY   | /STEM:  |  |   |   |  | SYSTEM I                         |
|---|---|--|---|--|---|---|--|----------------------------------|
| VINDSTREA   | M NORTH   | CARO   |   |  |   |   |  | 632                              |
|   | t every radio s   | station ca   | arried on a separate and discr<br>nerally receivable by your cab  |  |   |   |  | н                                |
| Special Instruct<br>eceivable if (1)<br>in the basis of it<br>for detailed info<br>aper SA1-2 for<br>Column 1: lo<br>Column 2: S<br>Column 3: lf<br>ignal, indicate | tions Conce<br>it is carried by<br>monitoring, to<br>ormation abou<br>m.<br>lentify the call<br>tate whether t<br>the radio stat<br>this by placing | rning Al<br>y the sys<br>be recei<br>t the Co<br>sign of e<br>the static<br>ion's sig<br>g a check | I-Band FM Carriage: Under (<br>tem whenever it is received a<br>wed at the headend, with the<br>pyright Office regulations on<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which th | Copyright Office r<br>it the system's he<br>system's FM ante<br>this point, see pa<br>sed by the cable s | egulations, ar<br>adend, and (2<br>mna, during c<br>ge (v) of the g<br>system as a se | n FM sig<br>2) it can<br>eertain st<br>general i<br>eparate | nal is generally<br>be expected,<br>ated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
|   |   |  | the community with which the  |  |   | -   |  |                                  |
| 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 NORTH   | CAROLI       | NA LLC           |  |                 |               |                | 63257             |
|                          | SUBSTITUTE CARRIAG   |              |                  |  | 6               |               |                |                   |
| 1                        | In General: In space I, identi                             |              |                  |  |                 | ion that vo   | ur cable syste | m carried on a    |
| •                        | substitute basis during the a                              |              |                  |  |                 |               |                |                   |
| Substitute               | explanation of the programm                                | ing that mus | t be included in | this log, see page (v) of the                            | e general instr | uctions in t  | he paper SA1   | -2 form.          |
| Carriage:                | 1. SPECIAL STATEMEN  | -            |                  |  |                 |               |                |                   |
| Special<br>Statement and | <ul> <li>During the accounting per</li> </ul>              | -            | r cable system   | carry, on a substitute basi                              | is, any nonnei  | twork telev   | ision program  |                   |
| Program Log              | broadcast by a distant sta                                 | tion?        |                  |  |                 |               | YES            | X NO              |
|                          | Note: If your answer is "No"                               | ', leave the | rest of this pag | e blank. If your answer is '                             | "Yes," you mu   | ist complet   | te the prograr | n                 |
|                          | log in block 2.  |              |                  |  |                 |               |                |                   |
|                          | 2. LOG OF SUBSTITUTE                                       |              |                  | ta lina. Llas abbraviations i                            | whorever peo    | aibla if tha  | ir maaning ia  |                   |
|                          | In General: List each subst<br>clear. If you need more spa |              |                  |  | wherever pos    | sidle, il the | er meaning is  |                   |
|                          | Column 1: Give the title                                   | of every no  | nnetwork televi  | sion program ("substitute                                |                 |               |                |                   |
|                          | period, was broadcast by a<br>under certain FCC rules, re  |              |                  |  |                 |               |                |                   |
|                          | Do not use general categor                                 |              |                  |  |                 |               |                | 1.                |
|                          | "NBA Basketball: 76ers vs.                                 | Bulls."      |                  |  |                 | 1 /           | ,              |                   |
|                          |  |              |                  | r "Yes." Otherwise enter "N                              |                 |               |                |                   |
|                          |  |              |                  | sting the substitute progra<br>to community to which the |                 | nsed bv th    | e FCC or. in   |                   |
|                          | the case of Mexican or Can                                 | adian statio | ns, if any, the  | community with which the                                 | station is iden | itified).     |                |                   |
|                          |  |              | when your sys    | tem carried the substitute                               | program. Use    | numerals,     | , with the mor | nth               |
|                          | first. Example: for May 7 giv                              |              | substitute pro   | gram was carried by your                                 | cable system    | l ist the tir | mes accurate   | lv.               |
|                          | to the nearest five minutes.                               |              |                  |  |                 |               |                | 'y                |
|                          | stated as "6:00–6:30 p.m."                                 | "D" : ( ()   |                  |  |                 |               |                | ,                 |
|                          | to delete under FCC rules a                                |              |                  | was substituted for progra                               |                 |               |                |                   |
|                          | was substituted for program                                |              |                  |  |                 |               |                |                   |
|                          | effect on October 19, 1976.                                |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  | WHE             | N SUBST       |                |                   |
|                          | s  | UBSTITUT     | E PROGRAM        | 1  |                 | AGE OCC       |                | 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          | — TO           |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               | _              |                   |
|                          |  |              |                  |  |                 |               | _              |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               | _              |                   |
|                          |  |              |                  |  |                 |               | _              |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               | _              |                   |
|                          |  |              |                  |  |                 |               | _              |                   |
|                          |  |              |                  |  |                 |               | _              |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               |                |                   |
|                          |  |              |                  |  |                 |               | _              |                   |

| Accounting Period:                 | 2019/2  | FORM SA                          | 1-2E. PAGE 6.      |
|------------------------------------|---|----------------------------------|--------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>WINDSTREAM NORTH CAROLINA LLC   | SI                               | /STEM ID#<br>63257 |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 service<br>s amount, see | e<br>,621.00       |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, <i>or</i> block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>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,  |                                  |                    |
|                                    | 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   | (,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<br>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<br>See page i of the general instructions in the paper SA1-2 form for more informat  |                                  | nts!               |

| Accounting Period:                 | 2019/2  |   |   |  |                                       | FORM SA1-2E. PAGE 7.                     |
|------------------------------------|---|---|---|--|---------------------------------------|--|
| Name                               |   | FOWNER OF CABLE SYSTEM:<br>M NORTH CAROLINA LLC   |   |  |                                       | SYSTEM ID#<br>63257                      |
| M<br>Channels                      | to its subscribe<br>1. Enter the to<br>system carrie              | You must give (1) the number over and (2) the cable system's tal number of channels on whice television broadcast stations tal number of activated channe | total number of activ<br>th the cable                                       | rated channels during the ad   | ccounting period.                     | 12                                       |
|                                    | on which the  | cable system carried televisior   | n broadcast stations  |  |                                       | 120                                      |
| N<br>Individual to<br>Be Contacted |   | TO BE CONTACTED IF FURTI<br>t about this statement of accou   |   | I IS NEEDED (Identify an in  | dividual to whom                      |  |
| for Further<br>Information         | Name  | JIM POWELL  |   |  | Telephone 706                         | 5.896.1089                               |
|                                    | Address   | 1839 HIGHWAY 17 N<br>(Number, street, rural route, apar<br>YOUNG HARRIS GA  | rtment, or suite number)  |  |                                       | ากการการการการการการการการการการการการกา |
|                                    | Email   | (City, town, state, zip)  | )<br>windstream.com   |  | Fax (optional) 330.486.3504           |  |
|                                    |   | N (This statement of account m  | Turnun un                                  | signed in accordance with (  |                                       |  |
| O<br>Certification                 | • I, the undersig   | ned, hereby certify that (Check c   | one, <i>but only one</i> , of tl  | he boxes.)   | s identified in line 1 of space B; or |  |
|                                    | <ul> <li>X (Off</li> <li>I have examin are true, compl</li> </ul> | in line 1 of space B and that the o   | owner is not a corpora<br>(if a corporation) or a p<br>hereby declare under | ation or partnership; or<br>partner (if a partnership) of th<br>r penalty of law that all statem |                                       |  |
|                                    |   |   |   | /S/ TIMOTHY P  | certify this statement.               |  |
|                                    |   | Typed or printe   | d name: <b>TIMO</b> I   | ig an "/s/ signature" (e.g., /s/   |                                       |  |
|                                    |   | Title:<br>(Title of<br>Date:  |   | EGULATORY REPOI  | AUGUST 28, 2019                       |  |

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 telephoi 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

|  | FORM SA1-2E. PA                        |
|--|--|
|  | SYSTEI<br>63                           |
| DSTREAM NORTH CAROLINA LLC   | 05                                     |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  | P<br>Special Stateme<br>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  |  |
|  | m<br>m                                 |
|  |  |
| Line 1 Enter the amount of late payment or underpayment  | Interest Assessm                       |
| X  |  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  | _                                      |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  | -                                      |
| x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here  | _                                      |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here  | -                                      |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | -                                      |
| x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x       0.00274         Line 4 Multiply line 3 by 0.00274** and enter here   | -                                      |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | -                                      |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | -                                      |
| x  | -                                      |
| x  |  |
| Line 3       Multiply line 2 by the number of days late and enter the sum here       -       -       -       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -       x 0.00274       -       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       - <td></td> |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |  |

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.