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				
8/26/2020	\$ 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	ACC	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		<b>Instructions:</b> 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.
		T
		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)
		LITTLE ROCK AR 72212
		(City, town, state, ztp)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
_	names	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)

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 suffciency of the fling, a determination that would be made by a court of law.

	т — — — — — — — — — — — — — — — — — — —	FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
	WINDSTREAM OHIO INC	6334				
	Instructions: List each separate community served by the cable system. A "community					
D	"a separate and distinct community or municipal entity (including unincorporated co					
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	st will serve as a form of system identification hereafter know				
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ama marks should be reported in perceptages below the				
Area	identified city.	ome parks should be reported in parentheses below the				
Served	intentified city.					
	CITY OR TOWN	STATE				
First	ELYRIA	OH				
Community	HIGH POINT IN THE PARK	UT.				
Johnnanty	HIGH POINT IN THE PARK					
Rows as Necessary						

Accounting Period: 2020/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63342 WINDSTREAM OHIO INC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Service: Sub-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 scribers and each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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. DI 001/ 4

BLO	OCK 1		BLOCK 2					
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
Service to first set	231	54.99						
Service to additional set(s)								
• FM radio (if separate rate)								
Motel, hotel								
Commercial								
Converter								
Residential								
Non-residential								
		I		· [	T			

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

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63342

#### WINDSTREAM OHIO 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
WEWS	5	N	CLEVELAND OH
WVPX	23	N	CLEVELAND OH
WQHS	61	N	CLEVELAND OH
WMFD	12	<u> </u>	MANSFIELD OH
WJW	8	N	CLEVELAND OH
WVIZ	25	<b>E</b>	CLEVELAND OH
WEAO	49	<b>E</b>	CLEVELAND OH
WKYC	3	N	CLEVELAND OH
WRLM	47	<u>l</u>	CANTON OH
WOIO	19	N	CLEVELAND OH
WUAB	43	<u> </u>	CLEVELAND OH
WBNX	55	N	CLEVELAND OH

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63342 WINDSTREAM OHIO INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION

Accounting Period: 2020/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM OHIO INC

63342

#### 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
			<b> </b>				
			<del> </del>				
			<del> </del>				
			<b> </b>				
			<del> </del>				
			<del> </del>				
·			·				·

	od: 2020/1 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					. 01 (1)	SYSTEM ID:				
Name	WINDSTREAM OHIO I	NC							63342				
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G								
I	In General: In space I, identifications in Substitute basis during the a	tify every no	nnetwork telev	rision program, broadcast by	a distant sta								
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of the	he general ins	structions i	n the p	aper S	A1-2 form.				
Carriage: Special	1. SPECIAL STATEMEN	-											
tatement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Program Log	broadcast by a distant sta	ation?					Y	ES	NO				
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	must com	olete th	ne prog	ram				
	log in block 2.												
	2. LOG OF SUBSTITUT			rata lina. Llea abbroviations	s whorever n	ossiblo if	thoir m	ooning	ı ic				
	clear. If you need more spa				s wherever p	ossible, ii	uicii iii	icariiriç	j 15				
		,		vision program ("substitute	,	,	,		0				
	period, was broadcast by a under certain FCC rules, re												
	Do not use general catego	ries like "mo	ovies" or "bask	ketball." List specific progra	ım titles, for e	example, "	I Love	Lucy"	or				
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter "	'No."								
				casting the substitute progr									
				the community to which the			the FC	CC or,	in				
	the case of Mexican or Car Column 5: Give the more			e community with which the estem carried the substitute			als, with	h the m	nonth				
	first. Example: for May 7 gi	ive "5/7."	, ,				•						
	<b>Column 6:</b> State the time to the nearest five minutes			ogram was carried by your					ately				
	stated as "6:00–6:30 p.m."		a program car	ned by a system nom o.o.	. 15 p.iii. to t	20.30 p.i	11. 31100	aid be					
					-								
				<b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program									
	was substituted for programming that your system was permitted to delete under FCC rules and regulations in												
	effect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations	111					
	effect on October 19, 1976	•	your system w	as permitted to delete und	1								
		UBSTITUT	E PROGRAM	1	WHE CARRI	N SUBST	TTUTE	Ξ	7. REASON FO				
		S		1	WHE	N SUBST	TTUTE	Ξ					
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
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	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FO				
	s	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRI 5. MONTH	N SUBST AGE OCC	TTUTE	ED	7. REASON FOR				

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OHIO INC	SYSTEM ID# 63342
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	service
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 \$263,80  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.	00
	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 this si accounting period is \$52.00	x-mon
	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	
	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)	
	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)	19.00
	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 Register of See page i of the general instructions in the paper SA1-2 form for more information.	f Copyrights!

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW	VNER OF CABLE SYSTEM: DHIO INC			SYSTEM ID# 63342
M Channels		• ,		h the cable system carried television broadcast stations vated channels during the accounting period.	s
Chamieis		umber of channels on whic levision broadcast stations			12
	on which the cab	umber of activated channel le system carried television st services	broadcast stations		120
N Individual to		BE CONTACTED IF FURTH out this statement of accou		N IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	JIM POWELL		Telephor	706.896.1089
	,	1839 HIGHWAY 17 N Number, street, rural route, apart YOUNG HARRIS GA City, town, state, zip)	ment, or suite number)		
	Email	. ,,	)windstream.com	Fax (optional) 330.486.3	504
	CERTIFICATION (T	his statement of account m	ust be certified and	I signed in accordance with Copyright Office regulations	s)
O Certification	• I, the undersigned	, hereby certify that (Check	one, <i>but only one</i> , of	f the boxes.)	
	(Owner	other than corporation or p	oartnership) I am th	ne owner of the cable system as identified in line 1 of spar	ce B; or
		of owner other than corpor e 1 of space B and that the		<ul><li>ip) I am the duly authorized agent of the owner of the cab ration or partnership; or</li></ul>	ole system as identified
		or partner) I am an officer e 1 of space B.	(if a corporation) or a	a partner (if a partnership) of the legal entity identified as	owner of the cable system
		and correct to the best of m		der penalty of law that all statements of fact contained her ation, and belief, and are made in good faith.	rein
			X	/S/ TIMOTHY P LOKEN	_
				signature on the line above to certify this statement. ng an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	d name: <b>TIMO</b>	THY P LOKEN	
		Title:		REGULATORY REPORTING orporation or partnership)	
		Date:		AUGUST 20, 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 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.

counting Period: 2020/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NDSTREAM OHIO INC	63342
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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.	sub- Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?  X NO	ons
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name Mailing Address	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment or 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
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	
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	<u>-</u>
* 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 ple contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease
** 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, ple 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	

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.