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
8/19/2021
\$
ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2021/1
		20211 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WideOpenWest, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Knology Inc.
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		7887 E. Belleview Ave., Ste. 1000
		(Number, street, rural route, apartment, or sulte number) Englewood, CO 80111-6007
		(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
-	name	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	
		Knology of Knoxville MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or sulte number)
		(City, town, state, zip code)
		·
Privacy Act Notic	e: Section	n 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 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 fiing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WideOpenWest, Inc.	61694
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	identified city.	
	CITY OR TOWN	STATE
rst	Knoxville	TN
nity	Knox County	TN
as Necessary	y	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE
Name	WideOpenWest, Inc.							010	6169
	SECONDARY TRANSMISSION		IBSCR		ATES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period	, , ,	'		,		those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble systen	n, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n					•		s charged	
	separately for the particular serv Rate: Give the standard rate of							rae and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc	ounts allowed	for adv	ance payment.	-				
	Block 1: In the left-hand block	•		0					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of	0			· · ·	aamiaa that an	different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.		-						
	BLO	DCK 1 NO. OF					BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 	2	2,290	58.75					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		18	58.75					
	Converter								
	Residential	2	2,621	2.00-13.00					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,		-	• •			
	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			1 f			I'- 4 I		
Fransmissions: Rates	Block 1: Give the standard ra Block 2: List any services that	• •				••			
Rules	listed in block 1 and for which a				•	•	•		
	brief (two- or three-word) descrip	otion and includ	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	 Pay cable 	10.99-17.00	• Mo	otel, hotel					
	 Pay cable—add'l channel 		_	mmercial				ded Service	###
	Fire protection			y cable			Digital		23.2
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	50.00		rglar protection					
	 Additional set(s) EM radio (if concrete rate) 			services:		40.00			
	 FM radio (if separate rate) Converter 			connect sconnect		40.00 50.00			
	Convene			itlet relocation		20.00			
						20.00			
			• 1/-	ove to new addre	200	40.00			

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM				
Name	WideOpenWest, Inc.	0,000		61				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WATE	26	N	Knoxville, TN				
	WATE-2	26	N-M	Knoxville, TN				
Rows as Necessary	WATE-3	26	N-M	Knoxville, TN				
	WATE-simulcast	26	N	Knoxville, TN				
	WBIR	10	N	Knoxville, TN				
	WBIR-2	10	N-M	Knoxville, TN				
	WBIR-3	10	N-M	Knoxville, TN				
	WBIR-simulcast	10	N	Knoxville, TN				
	WBXX	20	N	Crossville, TN				
	WBXX-2	20	N-M	Crossville, TN				
	WBXX-3	20	N-M	Knoxville, TN				
	WBXX-simulcast	20	N	Crossville, TN				
	WKNX	7	I	Knoxville, TN				
	WKOP	17	E	Knoxville, TN				
	WKOP-simulcast	17	E	Knoxville, TN				
	WPXK	23	Ν	Jellico, TN				
	WPXK-simulcast	23	Ν	Jellico, TN				
	WTNZ	15	Ν	Knoxville, TN				
	WTNZ-2	15	N-M	Knoxville, TN				
	WTNZ-3	15	N-M	Knoxville, TN				
	WTNZ-simulcast	15	N	Knoxville, TN				
	WVLT	30	Ν	Knoxville, TN				
		1						
	WVLT-2	30	N-M	Knoxville, TN				

counting Period:	2021/1			FORM SA1-2E. PAGE
Mama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	WideOpenWest, Inc.			6169
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	ot (1) stations carried only on a part-t	-time basis under
Primary		(2) and (4) , or 76.63 (referring to 76.6		
Transmitters:		s explained in the next paragraph.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Television	1 0 /	: With respect to any distant stations ca	arried by your cable system on a su	ibstitute program
		lles, regulations, or authorizations:		
		e in space G—but do list it in space I (th	he Special Statement and Program.	Log)—if the
	station was carried only on			
		also in space I, if the station was carried		
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the		
	"WETA-2" as the same on the	5	3-dli uesiynalion. Tor champio, ropo	oft mulusueam
		el number the FCC assigned to the tele	evision station for broadcasting over	r the air in its community
		RC is channel 4 in Washington, D.C.	-	
		case whether the station is a network	station, an independent station, or a	a noncommercial
		ring the letter "N" (for network), "N-M" (· ·
		"E" (for noncommercial educational), c	(ional multicast).
		erms, see page (iv) of the general instru		2. D. Sanda La Alan
		n of each station. For U.S. stations, list		-
	FCC. For Mexican or Canad	dian stations, if any, give the name of the time of the stations of the state of th	The community with which the station	n is identifiea.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WVLT-4	30	N-M	Knoxville, TN
	WVLT-simulcast	30	Ν	Knoxville, TN

VideOpenW	= OWNER OF (lest, Inc.							SYSTEM 616
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein to the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which th the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WideOpenWest, Inc.							61694
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				U			
Special	 During the accounting per 	-			isis, any noni	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta	•				Г	YES	× NO
i rogram Eog	-		reat of this no	an blank If your anawar i	- "Vee " veu	L novet commu	-	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s res, your	must comp	lete the prot	gram
	log in block 2. 2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if tl	heir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ent	er "Yes." Otherwise enter	"No "			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the mor			stem carried the substitute			s. with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system norm o.0	i. io p.iii. to c	.20.30 p.m	. Should be	
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	•	your system w	as permitted to delete und		s and regula		
			E PROGRAM	1		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
					·			
							_	
							_	
					·			
							_	
							_	

Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#
	WideOpenWest, Inc.				61694
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's ation of how	secondary trans v to compute this	mission servi s amount, se \$ 4	
	COPYRIGHT ROYALTY FEE				
L 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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more 	0 but less t	than \$527,600	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
	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	ines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	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				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	428,747.85	_	
	2. Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1	\$	164,947.85	_	
	4. Multiply line 3 by .01		\$	1,649.48	_
	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		\$	2,968.48
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,968.48	-
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,988.48
	EFT Trace # or TRANSACTION ID #			Ι	
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WideOpenWest, Inc.	SYSTEM ID# 61694
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	26 323
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jim Waechter	720-479-3527
Information	Address 7887 E. Belleview Ave., Suite 1000 (Number, street, rural route, apartment, or suite number) Englewood, CO 80111 (City, town, state, zip)	
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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified mer of the cable system
	X /s/ Craig Martin Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Craig Martin Title: General Counsel Title of official position held in corporation or partnership) Date: August 19, 2021	

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ounting Period: 2021/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
deOpenWest, Inc.	6169
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	_
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	
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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
x	
x	
x	
x	
x	
x	
x	

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