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 workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/24/21	\$ ALLOCATION NUMBER	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	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		6 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3251
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TEXAS WINDSTREAM 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 (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 unle as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TEXAS WINDSTREAM LLC	6325
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	" is the same as a "community unit" as defined in FCC rules: munities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	TEXARKANA	TX
Community	RIVER CROSSING	ΤΧ
	CEDAR RIDGE	ТХ
Add Rows as Necessary	ENCORE AT WAGONER CREEK	ТХ

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM IC
Name			•					010	6325
		_LC							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	·				,	ble system	n, broken	
scribers and	down by categories of secondar	, y transmission	service	. In general, yo	ou can com	npute the number	er of subsc	ribers in	
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	e number c	of persons or or	ganizations	s charged	
	separately for the particular serv								
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc					rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide			•		•			
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as	a subscriber ir	n each app	licable category	. Example	: a residential	
	subscriber who pays extra for ca	able service to	addition	al sets would b	be included	d in the count ur	nder "Servi	ice to the	
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					•	,		
	sufficient.	and rates, in th	e ngnt-n	Ianu Diock. A t	wo-or the	e-word descript		Service is	
		DCK 1					BLOCH	٢2	
		NO. OF		DATE	0.4.75			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
			20	54.00					
	Service to first set		38	54.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services		,		0		0 (/	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,					- 3	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that				0	Ũ	•		
	listed in block 1 and for which a				ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	19.00	• Mot	tel, hotel			PPV		F
	 Pay cable—add'l channel 		• Cor	mmercial					
	Fire protection		• Pay	/ cable					I
	1		• Pav	/ cable-add'l cł	nannel				
	 Burglar protection 		,	protection					
	•Burglar protection Installation: Residential								
	Installation: Residential			alar protection					
	Installation: Residential First set 		• Bur	glar protection					
	Installation: Residential • First set • Additional set(s)		• Bur Other s	services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec	services:					
	Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec • Dise	services: connect connect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Dis • Out	services:					

ounting Period: 2	-			FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF			SYSTEM II
-	TEXAS WINDSTREAM			632
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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 per d with a station according to its over-the-	(1) stations carried only on a part- le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		45	N	
	KSHV			
	KSHV			
	KSLA	12	N	SHREVEPORT LA
Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
l Rows as Necessary	KSLA KPXJ KTAL KLTS	12 21 6 24	N N	SHREVEPORT LA SHREVEPORT LA SHREVEPORT LA SHREVEPORT LA
l Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
l Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
l Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
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d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
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	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
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d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
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	KLTS	24	E	SHREVEPORT LA
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d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
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	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
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	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
ld Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
d Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
ld Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA
ld Rows as Necessary	KSLA	12	N	SHREVEPORT LA
	KPXJ	21	N	SHREVEPORT LA
	KTAL	6	N	SHREVEPORT LA
	KLTS	24	E	SHREVEPORT LA
	KMSS	33	N	SHREVEPORT LA

ounting Period:	2020/2			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I			
Name	TEXAS WINDSTREAM LLC						
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under			
Primary	5	· · · · · ·	61(e)(2) and (4))]; and (2) certain static	•			
Transmitters:		explained in the next paragraph.					
Television		With respect to any distant stations on les, regulations, or authorizations:	arried by your cable system on a subs	stitute program			
		, 0	the Special Statement and Program Lo	pa)—if the			
	• Do <i>not</i> 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 <i>only</i> 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						
			, see page (v) of the general instruction				
		o 1 o	program services such as HBO, ESPN				
		0	e-air designation. For example, report	t multistream			
	"WETA-2" as the same on the channel		evision station for broadcasting over th	a air in its community			
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over an				
			station, an independent station, or a r	noncommercial			
	educational station, by enter	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	ndent), "I-M"			
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education	nal 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.						
	FCC. For Mexican or Canac	lian stations, if any, give the name of i	the community with which the station is	s identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

EGAL NAME OF			YSTEM:					SYSTEM 63
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
ecceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitter Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
						·		
						·		

Accounting Perio							F	ORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TEXAS WINDSTREAM	LLC						63251
					_			
	SUBSTITUTE CARRIAG	-	-					
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		in the pup	
Special	During the accounting per	-			sis anv nonr	network te	levision n	rogram
Statement and		-		in carry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta	luon?					YE	s XNO
	Note: If your answer is "No	o", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	must com	plete the p	orogram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if	their mea	ning is
				vision program ("substitute	e program") tl	hat, during	the acco	ounting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pro	ogrammin	g of anotł	ner station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lu	cy" or
			dcast live, ente	er "Yes." Otherwise enter '	"No."			
	Column 3: Give the call	sign of the	station broadc	asting the substitute prog	ram.			
				the community to which th			the FCC	or, in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			uls with th	ne month
	first. Example: for May 7 gi		when your sy		program. O			
				ogram was carried by you				
	to the nearest five minutes.	. Example:	a program cari	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.r	n. should	be
	stated as "6:00–6:30 p.m." Column 7: Enter the left	ter "R" if the	listed program	n was substituted for prog	ramming that	t vour svst	em was <i>r</i>	required
	to delete under FCC rules							
	was substituted for program	nming that	vour evetem w				lations in	
			your system w	as permitted to delete und		s and regu		
	effect on October 19, 1976		your system w	as permitted to delete und		and regu		
			your system w	as permitted to delete und				
	effect on October 19, 1976		E PROGRAM	·	WHE	N SUBST	ITUTE	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	·	WHE CARRI	N SUBST		DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
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	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TTUTE CURRED	DELETION

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TEXAS WINDSTREAM LLC	S	YSTEM ID# 63251
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	1,060.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-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 \$137,1	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 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		<u></u>	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE TEXAS WINDSTRE	ER OF CABLE SYSTEM: EAM LLC				SYSTEM ID# 63251
M Channels	 to its subscribers, and Enter the total num system carried telev Enter the total num on which the cable s 	ust give (1) the number o d (2) the cable system's t nber of channels on which vision broadcast stations nber of activated channels system carried television services	otal number of activated n the cable s broadcast stations	d channels during the a		7 120
N Individual to Be Contacted		CONTACTED IF FURTH t this statement of accour		NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name JII	M POWELL			Telephone	706.896.1089
	(Nu YC	339 HIGHWAY 17 N mber, street, rural route, apartr DUNG HARRIS GA y, town, state, zip)	ment, or suite number)			
	Email	LEZLIE.P.YOU	NG@WINDSTREAM	СОМ	Fax (optional) 330.486.350	4
O Certification	 I, the undersigned, h (Owner oth (Agent of c in line 1 X (Officer or in line 1 I have examined the 	ereby certify that (Check c ner than corporation or p powner other than corpora I of space B and that the c r partner) I am an officer (I of space B. statement of account and Id correct to the best of my	one, <i>but only one</i> , of the l partnership) I am the ow ation or partnership) I a owner is not a corporation if a corporation) or a par hereby declare under pa	pooxes.) Iner of the cable system In the duly authorized a In or partnership; or Itner (if a partnership) of enalty of law that all stat	Copyright Office regulations) as identified in line 1 of space gent of the owner of the cable the legal entity identified as ow ements of fact contained herein de in good faith.	system as identified vner of the cable system
			-	/S/ TIMOTHY F sture on the line above to "/s/ signature" (e.g., /s/	o certify this statement.	
		Typed or printed Title: (Title of of		Y P LOKEN ULATORY REPO	RTING	
		Date:			February 25, 2021	

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
(AS WINDSTREAM LLC	632
 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
	-
^	
	-
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	-
xdays	-
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	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
x	-
x	-
x	-
x	-
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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