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.

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
	02/24/21	\$	For additional information, contact the U.S. Copyright

ALLOCATION NUMBER

Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WINDSTREAM OHIO 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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)
Debugger And Mart	Carthe	111 of title 17 of the United States Code authorizes the Conversity Offee to collect the personally identifying information (DII) requested on this
University Act Notice	 Soction 	

horizes the Copyright Offce to c e 17 of the United es Code a llect the perso nally identifying inform n (PII) reque 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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	WINDSTREAM OHIO LLC	6334
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo	ommunity" is the same as a "community unit" as defined in FCC rules rated communities within unincorporated areas and including single,
D	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	lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ELYRIA	ОН
Community	HIGH POINT IN THE PARK	ОН
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C								2E. PAGE
Name			•					515	6334
	WINDSTREAM OHIO LL	.0							0001
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s			-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						lnose exis	ung on the	
Service: Sub-	Number of Subscribers: Both	•				,	ble system	n, broken	
scribers and	down by categories of secondary	y transmission	service	e. In general, yo	u can com	pute the numbe	er of subso	ribers in	
Rates	each category by counting the n		<i>.</i>	0 , (,	s charged	
	separately for the particular serv Rate: Give the standard rate c							ac and the	
	unit in which it is generally billed								
	category, but do not include disc				ing otanda		o mann a		
	Block 1: In the left-hand block	in space E, th	e form	lists the catego	ries of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			U U		0			
	categories, that person or entity subscriber who pays extra for ca					0,			
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories fo	r secondary tra	nsmission	service that are	different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF					BLOOI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		235	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 rational not covered in space E, that is, t								
-	service for a single fee. There ar								
Services	furnished at cost or (2) services		,		0		0 (/	
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates are ch	narged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		المحمد		ab af the		aaa liatad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Rutes	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	∩K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	19.00	• Mo	tel, hotel			PPV		PI
	• Pay cable—add'l channel			mmercial					
	• Fire protection		_	y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set			rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	• Converter			sconnect					
				tlet relocation					
				iner relocation	000				

	2020/2			FORM SA1-2E. PAG
Name				SYSTEM 633
	WINDSTREAM OHIO			633
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by emi (for independent multicast For the meaning of these Column 4: Give the location	dentify every television station (including f em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6° as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the telev NRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(1) stations carried only on a part- e carriage of certain network progu- 1(e)(2) and (4))]; and (2) certain sta- rried by your cable system on a su- e Special Statement and Program I 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 over 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	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other tions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	FCC. For Mexican or Can 1. CALL SIGN	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the statio	n is identified. 4. LOCATION OF STATION
	WEWS	5	N	CLEVELAND OH
		23	N	CLEVELAND OH
	WVPX			
l Rows as Necessary	WQHS	61	N	
	WMFD	12	I	MANSFIELD OH
	WJW	8	Ν	CLEVELAND OH
	WVIZ	25	E	CLEVELAND OH CLEVELAND OH
	WVIZ	25	E	CLEVELAND OH
	WVIZ WEAO	25 49	E E	CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC	25 49 3	E E	CLEVELAND OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM	25 49 3 47	E E N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH
	WVIZ WEAO WKYC WRLM WOIO	25 49 3 47 19	E E N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH

counting Period:	2020/2			FORM SA1-2E. PAGE
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	WINDSTREAM OHIO L	LC		6334
	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		. ,	arried by your cable system on a subs	ititute program
		les, regulations, or authorizations:	the Special Statement and Program Lo	and if the
	• Do not list the station here station was carried only on a		the Special Statement and Program Lo	Jg)—II the
			ed both on a substitute basis and also	on some other
		•	, see page (v) of the general instruction	
			program services such as HBO, ESPN	
		5	e-air designation. For example, report	t multistream
	"WETA-2" as the same on the			
		0	evision station for broadcasting over th	ie air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a r	
		S	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education	· ·
		rms, see page (iv) of the general instru		la mulicastj.
			t the community to which the station is	licensed by the
			the community with which the station is	-
			-	
	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 at 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	2) it can ertain st leneral 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	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WINDSTREAM OHIO L	LC						63342
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion that w	our cable sve	stem carried on a
-	substitute basis during the a			1 0 ,		, ,	,	
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting pe	-			sis any non	network tel	evision proc	ıram
Statement and				n ouny, on a substitute ba	515, any 11611			
Program Log	broadcast by a distant sta					l	YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comp	lete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUT		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible if t	heir meanin	ais
	clear. If you need more spa							910
				vision program ("substitute	e program") t	hat, during	the account	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	Love Lucy"	or
	"NBA Basketball: 76ers vs.		depet live ant	ar "Vaa" Otharwiga antar ("NIa"			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which the		censed by	the FCC or.	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	month
	first. Example: for May 7 gi							
				ogram was carried by you				
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	n was substituted for prog	ramming that	t vour evet	em was reau	uired
	to delete under FCC rules							
	was substituted for program							ogram
		•						
	effect on October 19, 1976							
		-						1
			E PROGRAM	1		N SUBST		7. REASON FOR
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		7. REASON FOR DELETION
	S	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OHIO LLC	S	YSTEM ID# 63342
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	7,087.00 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 \$137,100 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 Total Remittance Due	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 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 OWNER OF CABLE SY WINDSTREAM OHIO LLC	STEM:	SYSTEM ID# 63342
M Channels	to its subscribers, and (2) the cable s 1. Enter the total number of channels	umber of channels on which the cable system carried television broadcast stations /stem's total number of activated channels during the accounting period. on which the cable stations	12
	2. Enter the total number of activated on which the cable system carried t and nonbroadcast services	elevision broadcast stations	120
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED I we can contact about this statement	FURTHER INFORMATION IS NEEDED (Identify an individual to whom of account.)	
for Further Information	Name JIM POWELL	Telephone	706.896.1089
	Address 1839 HIGHWA (Number, street, rural r YOUNG HARE (City, town, state, zip)	ute, apartment, or suite number)	
	Email LEZLIE	.P.YOUNG@WINDSTREAM.COM Fax (optional) 330.486.350	4
O Certification	 I, the undersigned, hereby certify that (Owner other than corporation) (Agent of owner other that in line 1 of space B and X (Officer or partner) I am at in line 1 of space B. I have examined the statement of accord 	count must be certified and signed in accordance with Copyright Office regulations) (Check one, <i>but only one</i> , of the boxes.) tion or partnership) I am the owner of the cable system as identified in line 1 of space a corporation or partnership) I am the duly authorized agent of the owner of the cable that the owner is not a corporation or partnership; or n officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov ount and hereby declare under penalty of law that all statements of fact contained herei est of my knowledge, information, and belief, and are made in good faith.	system as identified wner of the cable system
		X /S/ TIMOTHY P LOKEN Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed a	or printed name: TIMOTHY P LOKEN DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
NDSTREAM OHIO LLC	6334
 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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
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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.