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 | | | |
| 02/24/21 | \$ | | | |
| | 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

| _ | 1 | |
|------------|-------|---|
| A | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
| | | |
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | | 2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | | |
| | | Barcode Data Filing Period (optional - see instructions) |
| Accounting | | |
| Period | | |
| | | 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 |
| В | | 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 |
| | | LEGAL WAILE OF OWNERWINALING ADDICES OF SABLE STOTEIN |
| | | WINDSTREAM NEW MEXICO 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, zip) |
| | INSTR | UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| С | | 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) |
| | - | (transon, accor, rara route, aparation, or contention) |
| | | (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.

| ccounting Period | | FORM SA1-2E. PAGE 1b | | | |
|----------------------|--|---|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | |
| ivaine | WINDSTREAM NEW MEXICO INC | | | | |
| | Instructions: List each separate community served by the cable system. A "communit | | | | |
| D | "a separate and distinct community or municipal entity (including unincorporated condiscrete 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. | t will serve as a form of system identification hereafter known | | | |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city. | ome parks snould be reported in parentneses below the | | | |
| | CITY OR TOWN | STATE | | | |
| First | CARLSBAD | NM | | | |
| Community | AVALON APARTMENTS | NM | | | |
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| dd Rows as Necessary | | | | | |
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Accounting Period: 2020/2 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63425 WINDSTREAM NEW MEXICO 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. BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE **SUBSCRIBERS** RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 64 54.99 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 BLOCK 1 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE RATE **Continuing Services:** nstallation: Non-residential Motel, hotel **PPV** PP · Pay cable 19.00 · Pay cable—add'l channel Commercial Fire protection Pav cable Burglar protection • Pay cable-add'l channel Installation: Residential · Fire protection First set · Burglar protection Additional set(s) Other services: • FM radio (if separate rate) Reconnect

DisconnectOutlet relocationMove to new address

Converter

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63425

WINDSTREAM NEW MEXICO INC PRIMARY TRANSMITTERS: TELEVISION

G

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 |
|--------------|--------------------------|--------------------|--------------------------|
| KOAT | 7 | N | ALBUQUERQUE/SANTA FE, NM |
| KRQE | 13 | N | ALBUQUERQUE/SANTA FE, NM |
| KWBQ | 19 | N | ALBUQUERQUE/SANTA FE, NM |
| KASA | 2 | N | ALBUQUERQUE/SANTA FE, NM |
| KAZQ | 32 | <u> </u> | ALBUQUERQUE/SANTA FE, NM |
| KCHF | 11 | <u> </u> | ALBUQUERQUE/SANTA FE, NM |
| KRPV | 27 | <u> </u> | ALBUQUERQUE/SANTA FE, NM |
| KRTN | 33 | <u> </u> | ALBUQUERQUE/SANTA FE, NM |
| KASY | 50 | 1 | ALBUQUERQUE/SANTA FE, NM |
| КОВ | 4 | N | ALBUQUERQUE/SANTA FE, NM |
| KENW | 3 | E | ALBUQUERQUE/SANTA FE, NM |
| KNMD | 9 | E | ALBUQUERQUE/SANTA FE, NM |
| KNME | 5 | E | ALBUQUERQUE/SANTA FE, NM |
| KTEL | 25 | <u> </u> | ALBUQUERQUE/SANTA FE, NM |
| KTFQ | 14 | <u> </u> | ALBUQUERQUE/SANTA FE, NM |
| KLUZ | 41 | I | ALBUQUERQUE/SANTA FE, NM |
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Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63425 WINDSTREAM NEW MEXICO 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: 2020/2 | FORM SA1-2E. PAGE 4 |
|---------------------------|---------------------|
|---------------------------|---------------------|

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM NEW MEXICO INC

63425

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 |
|-----------|----------|------|---------------------|-----------|----------|------|---------------------|
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| Accounting Perio | LEGAL NAME OF OWNER OF | CABLE SYSTI | EM: | | | | | SYSTE | M ID# | |
|--|--|---|---|--|---|--|---|----------------------------|--------|--|
| Name | WINDSTREAM NEW N | NEXICO INC | С | | | | | | 3425 | |
| | SUBSTITUTE CARRIAG | E. CDECIAL | LETATEME | INT AND DROCDAM LO | 200 | | | | | |
| ı | In General: In space I, ident | _ | _ | | | tion that vo | our cable | evetem carrie | d on a | |
| - | substitute basis during the a | accounting per | riod, under sp | ecific present and former F | CC rules, reg | ulations, or | authoriza | ations. For a fu | urther | |
| Substitute | explanation of the programn | | | | the general ins | tructions in | the pape | er SA1-2 form. | | |
| Carriage: Special During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progr. | | | | | rogram | | | | | |
| Statement and | broadcast by a distant station? | | | | | | | | | |
| Program Log | | | | | | | | , <u> </u> | | |
| | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program | | | | | | | | | |
| | log in block 2. 2. LOG OF SUBSTITUT | E PROGRAM | MS | | | | | | | |
| | In General: List each subs | | | | s wherever po | ossible, if t | heir meai | ning is | | |
| | clear. If you need more spa | | | i rows to the tables. vision program ("substitute | e program") tł | nat. during | the acco | untina | | |
| | period, was broadcast by a | a distant statio | on and that y | our cable system substitu | ted for the pro | ogramming | of anoth | er station | | |
| | under certain FCC rules, re Do not use general catego | egulations, or ries like "mov | r authorizatioi vies" or "bask | ns. See page (v) of the ge etball." List specific progra | eneral instructi am titles, for e | ons for fur example, "I | ther infor Love Lu | mation. cy" or | | |
| | "NBA Basketball: 76ers vs. | . Bulls." | | | | , | | , | | |
| | | | | er "Yes." Otherwise enter asting the substitute prog | | | | | | |
| | Column 4: Give the bro | adcast station | n's location (t | the community to which th | ne station is lic | | the FCC | or, in | | |
| | the case of Mexican or Car Column 5: Give the more | | | community with which the substitute | | | ls with th | ne month | | |
| | first. Example: for May 7 gi | ive "5/7." | , , | | . 0 | | | | | |
| | | Column 6: State the times when the substitute program was carried by your cable system. List the times accurately | | | | | | | | |
| | to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be | | | | | | | | | |
| | stated as "6:00-6:30 p.m." | • | . 0 | , , | · | • | | | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the let | ter "R" if the li | listed progran | n was substituted for prog | ramming that | your syste | em was <i>re</i> | equired | | |
| | stated as "6:00-6:30 p.m." | ter "R" if the li and regulatio | listed progran | n was substituted for prog luring the accounting perio | ramming that od; enter the l | your syste | em was <i>re</i> the listed | equired | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules | ter "R" if the li and regulation mming that yo | listed progran | n was substituted for prog luring the accounting perio | ramming that od; enter the l | your syste | em was <i>re</i> the listed | equired | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr | ter "R" if the li and regulation mming that yo | listed progran | n was substituted for prog luring the accounting perio | ramming that od; enter the l der FCC rules | your syste | em was <i>re</i> the listed ations in | equired | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 | ter "R" if the li and regulatio mming that yo b. | listed progran ons in effect d our system w | n was substituted for prog luring the accounting perion as permitted to delete und | gramming that od; enter the I der FCC rules WHE CARRI | your syste etter "P" if and regul N SUBST AGE OCC | em was rethe listed ations in | equired I program 7. REASO | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 | ter "R" if the li and regulation mming that you b. | listed program ons in effect d our system w E PROGRAM 3. STATION'S | n was substituted for prog luring the accounting perio as permitted to delete und | gramming that pot; enter the I der FCC rules WHE CARRI. | your syste etter "P" if and regul N SUBST AGE OCC | em was rethe listed ations in | 7. REASO | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 | ter "R" if the li and regulatio mming that yo b. | listed progran ons in effect d our system w | n was substituted for prog luring the accounting perion as permitted to delete und | gramming that od; enter the I der FCC rules WHE CARRI | your syste etter "P" if and regul N SUBSTI AGE OCC | em was rethe listed ations in | 7. REASO | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 | ter "R" if the li and regulation mming that you b. | listed program ons in effect d our system w E PROGRAM 3. STATION'S | n was substituted for prog luring the accounting perio as permitted to delete und | gramming that pot; enter the I der FCC rules WHE CARRI. | your syste etter "P" if and regul N SUBSTI AGE OCC | em was rethe listed ations in | 7. REASO | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 | ter "R" if the li and regulation mming that you b. | listed program ons in effect d our system w E PROGRAM 3. STATION'S | n was substituted for prog luring the accounting perio as permitted to delete und | gramming that pot; enter the I der FCC rules WHE CARRI. | your syste etter "P" if and regul N SUBSTI AGE OCC | em was rethe listed ations in | 7. REASO | | |
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| | stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 | ter "R" if the li and regulation mming that you b. | listed program ons in effect d our system w E PROGRAM 3. STATION'S | n was substituted for prog luring the accounting perio as permitted to delete und | gramming that pot; enter the I der FCC rules WHE CARRI. | your syste etter "P" if and regul N SUBSTI AGE OCC | em was rethe listed ations in | 7. REASO | | |
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| Accounting Period: | 2020/2 | FORM SA1-2E. PAGE 6. |
|------------------------------------|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NEW MEXICO INC | SYSTEM ID# 63425 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter th 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 amou 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. | n 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 \$263,8 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 s accounting period is \$52.00 | ix-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) | 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 | 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 o See page i of the general instructions in the paper SA1-2 form for more information. | f Copyrights! |

| Accounting Period: | 2020/2 | | | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---|--------------------------------|--|------------------------------------|-------------------------|
| Name | | OWNER OF CABLE SYSTEM: NEW MEXICO INC | | | | SYSTEM ID# 63425 |
| M Channels | to its subscribers 1. Enter the total | ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations. | tal number of activ | ated channels during the ac | ecounting period. | 16 |
| | on which the ca | number of activated channels able system carried television bast services | | | | 120 |
| N Individual to Be Contacted | | BE CONTACTED IF FURTHE about this statement of account | | I IS NEEDED (Identify an in- | dividual to whom | |
| for Further Information | Name | JIM POWELL | | | Telephone 7 | 706.896.7089 |
| | Address | 1839 HIGHWAY 17 N (Number, street, rural route, apartm YOUNG HARRIS GA (City, town, state, zip) | | | | |
| | Email | LEZLIE.P.YOUN | IG@WINDSTRE | AM.COM | Fax (optional) 330.486.3504 | |
| 0 | CERTIFICATION | (This statement of account mus | st be certified and | signed in accordance with C | Copyright Office regulations) | |
| Certification | • I, the undersigned | ed, hereby certify that (Check or | ne, <i>but only one</i> , of t | the boxes.) | | |
| | (Owne | r other than corporation or pa | artnership) I am the | e owner of the cable system a | as identified in line 1 of space E | 3; or |
| | | t of owner other than corporatine 1 of space B and that the ov | | | gent of the owner of the cable s | ystem as identified |
| | | er or partner) I am an officer (if ine 1 of space B. | a corporation) or a | partner (if a partnership) of t | he legal entity identified as owr | ner of the cable system |
| | | I the statement of account and he, and correct to the best of my on 1001(1986)] | • | | | |
| | | | Х | /S/ TIMOTHY P | LOKEN | |
| | | | | signature on the line above to g an "/s/ signature" (e.g., /s/ . | • | |
| | | Typed or printed | name: TIMO1 | THY P LOKEN | | |
| | | | | EGULATORY REPOI | 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.

| counting Period: 2020/2 | FORM SA1-2E. PAGE 8 |
|--|---------------------------------------|
| GAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| NDSTREAM NEW MEXICO INC | 63425 |
| 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas 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 11: | ic e 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 transmiss made by satellite carriers to satellite dish owners? X NO | sions |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address Mailing Address | |
| INTEREST ASSESSMENT | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayer. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for | |
| 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 | - e) |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance processing the Licensing Division at (202) 707-8150 or licensing@loc.gov. | olease |
| ** 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, p 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 | |

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