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			
8/28/2019	\$ 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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
<b>.</b>		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								
		WINDBREAK CABLE								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		1140 10 <sup>th</sup> STREET (Number, street, rural route, apartment, or suite numbe								
		GERING NE 69341								
		(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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space t								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite numbe								
		[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 sufficiency of the fling, a determination that would be made by a court of law.

d: 2019/1
FORM SA1-2E. PAGE 1
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
WINDBREAK CABLE 3327
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.
-

	CITY OR TOWN	STATE
First	GUERNSEY HARRISON	WY
Community	HARRISON	NE NE
	LIISK	WY
Add Rows as Necessary	LYMAN OSHKOSH PINE BLUFS	WY NE WY NE NE NE WY
	OSHKOSH	NE
	PINE BLUFS	WY
	1	

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WINDBREAK CABLE

33275

# Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the ca system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give informat about other services (including pay cable) in space F, not here. All the facts you state must be those existing on last day of the accounting period (June 30 or December 31, as the case may b

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broke down by categories of secondary transmission service. In general, you can compute the number of subscribers each category by counting the number of billings in that category (the number of persons or organizations chare 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 unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular category, but do not include discounts allowed for advance paymer

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cal systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categ that applies to your system.**Note:** Where an individual or organization is receiving service that falls under differe categories, that person or entity should be counted as a subscriber in each applicable category. Example: a resider subscriber who pays extra for cable service to additional sets would be included in the count under "Service to 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 the printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, toget with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service sufficient.

BLO	DCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	2,187	\$54.86	GUERNSEY BASIC	619	\$54.86		
<ul> <li>Service to additional set(s)</li> </ul>			HARRISON BASIC	132	\$29.76		
<ul> <li>FM radio (if separate rate)</li> </ul>			LUSK BASIC	49	\$40.69		
Motel, hotel			LYMAN BASIC	100	\$29.76		
Commercial			OSHKOSH BASIC	507	\$50.54		
Converter			PINE BLUFFS BASIC	780	\$54.86		
Residential							
Non-residential							
				T			

# F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space E, that is, those services that are not offered in combination with any secondary transmiss service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) servifurnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both t amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program be 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 list

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were listed in block 1 and for which a separate charge was made or established. List these other services in the form of brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$14.00	Motel, hotel		Pay Cable	\$12.00
<ul> <li>Pay cable—add'l channel</li> </ul>	\$11.00	Commercial	\$50.00	Pay Cable	\$7.95
Fire protection		Pay cable	\$35.00		
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		Install	\$35.00
Installation: Residential		Fire protection		Reconnect	\$50.00
First set	\$35.00	<ul> <li>Burglar protection</li> </ul>		Outlet Relocation	\$35.00
<ul> <li>Additional set(s)</li> </ul>	\$35.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$50.00	Move to new address	\$35.00
Converter		Disconnect	\$35.00	Seasonal Reconnect	\$10.00
		Outlet relocation	\$35.00		
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2019/1 FORM SA1-2E, PAGE 3. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 33275 WINDBREAK CABLE 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 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 Primary Transmitters: Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION **KWGN** DENVER CO 3 **KCNC** 4 Ν DENVER CO **KCWC** 5 Ε RIVERTON WY Add Rows as Necessary **KMGH** 7 Ν DENVER CO **KUSA** 9 Ν **DENVER CO KLWY** CHEYENNE WY 10 Ν KTNE 13 SCOTTSBLUFF NE Ε **KWGN** 2 DENVER CO **KDUH** 4 N SCOTTSBLUFF NE **KUSA** DENVER CO 7 Ν **KCNC** 10 Ν DENVER CO **KLWY** 20 Ν CHEYENNE WY **KSTF** 10 Ν SCOTTSBLUFF NE **KCNC** 2 N **DENVER CO KUSA** 8 Ν DENVER CO **KLWY** 11 Ν CHEYENNE WY **DENVER CO KWGN** 12 KLWY N CHEYENNE WY 4 **KGWN** 5 Ν CHEYENNE WY **KCWC** 13 RIVERTON WY

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**DENVER CO** 

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**KGWN** 

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33275

#### WINDBREAK CABLE

#### 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).

			<del>,</del>			•	<del>_</del>
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	nd: 2010/1							EOD!	// SA1-2E. PAGE 5.	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FORI	SYSTEM ID#	
Name	WINDBREAK CABLE								33275	
<b> </b> Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> ccounting p	nnetwork televi period, under sp	ision program, broadd becific present and fo	cast by rmer F	a <i>distant</i> stat	gulations, o	authorizatio	ns. For a further	
Carriage: Special Statement and Program Log	During the accounting pe broadcast by a distant sta  Note: If your answer is "Note."	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?  YES X NO  lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	Log of Substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the table  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounti period, was broadcast by a distant station and that your cable system substituted for the programming of another stati under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy"  "NBA Basketball: 76ers vs. Bulls.'  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No Column 3: Give the call sign of the station broadcasting the substitute program  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is identifier  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the mon first. Example: for May 7 give "5/7.  Column 6: State the times when the substitute program was carried by your cable system. List the times accurate 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 I stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed prograw was substituted for programming that your system was regulations							nti r stati natic r, mon urate		
	SUBSTITUTE PROGRAM								7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCA	TION	AND DAY	FROM	— ТО —		

Accounting Period:										
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  WINDBREAK CABLE  SYSTEM ID# 33275									
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total or all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.  (Amount of gross receipts)									
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 \$263,800  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.  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 six-month accounting period is \$52.00  Line 1. Royalty fee for accounting period									
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD . Add lines 1 and 2									
	1. Base amount under statutory formula									
	7. Multiply line 6 by .005 (enter figure here)  8. Interest charge. Enter the amount from line 4, space Q, page 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)  6. Interest charge. Enter the amount from line 4, space Q, page 8  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)									
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3									
	EFT Trace # or TRANSACTION ID #									
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.  See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.									

Accounting Period:	<b>2019/1</b> FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  WINDBREAK CABLE  \$\text{SYSTEM ID#}\$  33275
<b>M</b> 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 and nonbroadcast services.  39
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 William D. Bauer Telephone 308-436-4650
Information	Address  1140 10 <sup>th</sup> Street (Number, street, rural route, apartment, or suite number)  Gering NE 69341 (City, town, state, zip)
	Email WBC-INT@INTERTECH.NET Fax (optional)
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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 herein 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)]
	Enter 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: William D. Bauer
	Title: President and CEO  (Title of official position held in corporation or partnership)
	Date: 08/26/2019

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Accounting Period: 2019/1 FORM SA1-2E, PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 33275 WINDBREAK CABLE 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 ba service of providing secondary transmissions of primary broadcast transmitters, the system shall not include su **Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11! **Concerning Gross Receipts Exclusion** 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 transmissic made by satellite carriers to satellite dish owners YES. Enter the total here and list the satellite carrier(s) below......\$ Mailing Address Mailing Address INTEREST ASSESSMENT 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. Interest Assessment 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* To view the interest rate chart click onwww.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. \*\* 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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ID number

Accounting period

First community served