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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright 08/29/19 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	63166
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM OKLAHOMA 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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	
L			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hume	WINDSTREAM OKLAHOMA LLC	63166
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known 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
First	CITY OR TOWN TULSA	STATE OK
Community	OBSERVATION POINT	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID	
Name	WINDSTREAM OKLAHO	MA LLC							6316	
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES					
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable		
	system, that is, the retransmission									
Secondary	about other services (including p						hose existi	ng on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la evetam	broken		
scribers and	down by categories of secondary									
Rates	each category by counting the n									
	separately for the particular serv							-		
	Rate: Give the standard rate c									
	unit in which it is generally billed. category, but do not include disc				iy standa	rd rate variations	s within a p	barticular rate		
	Block 1: In the left-hand block				es of sec	ondarv transmis	sion servic	e that cable		
	systems most commonly provide									
	that applies to your system. Note									
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servio	ce to the		
	Block 2: If your cable system I					service that are	different fr	om those		
	printed in block 1 (for example, ti									
	with the number of subscribers a									
	sufficient.							<u> </u>		
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		24	54.99						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	3					
-	In General: Space F calls for rat	-				I your cable sys	tem's servi	ces that were		
F	not covered in space E, that is, th									
0	service for a single fee. There ar									
Services Other Than	furnished at cost or (2) services of amount of the charge and the un									
Secondary	enter only the letters "PP" in the		asaany	billed. If dify ful			able per pr	ogram baolo,		
Transmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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) descrip				inea. List	these other serv	lices in the	form of a		
	CATEGORY OF SERVICE	BLO0 RATE		ORY OF SER	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:	TUTE		tion: Non-resi		IVIL	UNIEO		TOTL	
	• Pay cable	19.00		el, hotel			PPV		Р	
	Pay cable—add'l channel			nmercial						
	• Fire protection			cable						
	•Burglar protection		-	cable-add'l ch	annel					
	Installation: Residential			protection	anner					
	First set			glar protection						
	Additional set(s)			ervices:						
	• FM radio (if separate rate)			connect						
	• Converter			connect						
	Converter			let relocation						
			• U JI IT							
				ve to new addre	200					

Accounting Period:	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	WINDSTREAM OKLA	HOMALLC		63166
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tir ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a subs- the Special Statement and Program Le d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a func- (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTUL	8	N	TULSA OK
	KOTV	6	N	TULSA OK
ws as Necessary	KQCW	19	N	TULSA OK
13 us necessa,	КОКІ	23	N	TULSA OK
	KJRH	2	Ν	TULSA OK
	KOED	11	E	TULSA OK
	КТРХ	44	Ν	TULSA OK
	КЖНВ	47	N	TULSA OK
	KRSC	35	E	TULSA OK
	KGEB	53	Ν	TULSA OK
	KMYT	41	Ν	TULSA OK

EGAL NAME OI								SYSTEM ID 6316
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: 10 Column 2: S Column 3: 11 ignal, indicate Column 4: C	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio state this by placing Sive the station	rning Al y the sys be recein at the Co l sign of of the static cion's sig g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office in at the system's he system's FM anter this point, see par sed by the cable s he station is licen	egulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain si eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		1	· · · · ·				1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								

Accounting Perio	od: 2019/1					F	ORM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	WINDSTREAM OKLAH	IOMA LLC	3				63166
	SUBSTITUTE CARRIAG				c		
I	In General: In space I, identi substitute basis during the a	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or authorizatio	ns. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper S	A1-2 torm.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the prog	ram
	log in block 2.						
	period, was broadcast by a	itute progra ce, please a of every no distant stat	im on a separa add additional r nnetwork televi ion and that yo	ows to the tables. ision program ("substitute ur cable system substitute	program") tha d for the prog	it, during the account ramming of another s	ing station
		ies like "mo Bulls." n was broad	vies" or "baske dcast live, ente	5. See page (V) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute program	n titles, for exa lo."	ns for further informa ample, "I Love Lucy"	tion. or
	Column 4: Give the broat the case of Mexican or Can Column 5: Give the more	adcast static adian static oth and day	on's location (th ons, if any, the o	e community to which the	station is lice station is ider	ntified).	
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	es when the		gram was carried by your ed by a system from 6:01:			ately
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation in that y	ons in effect du		; enter the let	ter "P" if the listed pro	
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
						_	
			·				
						_	
						_	
1							

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OKLAHOMA LLC	S	STEM ID# 63166
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	,382.38
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 • 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-month	
	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 \$ 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	
	- · · · · · · · · · · · · · · · · · · ·		
	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:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OKLAHOMA LLC	SYSTEM ID# 63166
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	11
	on which the cable system carried television broadcast stations and nonbroadcast services	120
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name JIM POWELL Telephone	706.896.1089
	Address 1839 HIGHWAY 17 N (Number, street, rural route, apartment, or suite number)	
	YOUNG HARRIS GA 30582 (City, town, state, zip)	
	Email sandra.blade@windstream.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B 	; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 own 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: TIMOTHY P LOKEN	
	Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	Date: AUGUST 28, 2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DSTREAM OKLAHOMA LLC	631
 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? 	P Special Statemen Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address	
	n
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.	Q
Line 1 Enter the amount of late payment or underpayment	
	Interest Assessme
	Interest Assessme
x	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
	Interest Assessme
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