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 CORVEIGHT OFFICE HEE ONLY					
FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/26/2020	\$ 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	
Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Laboration .
В		<b>Instructions:</b> 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 NEBRASKA 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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
_	names	s 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)

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.

		FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Hamo	WINDSTREAM NEBRASKA INC	631
	Instructions: List each separate community served by the cable system. A	"community" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorp	
D	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 kno
	as the "first community." Please use it as the first community on all future	filings.
	Note: Entities and properties such as hotels, apartments, condominiums, of	or mobile home parks should be reported in parentheses below the
Area	identified city.	
Served	,	
	CITY OF TOWN	STATE
	CITY OR TOWN	
First	LINCOLN	NE
ommunity	GEORGETOWN APTS	
	ASHLEY SQUARE	
ows as Necessary	ANTELOPE GARDENS	
	CENTRAL PARK	
	CHEEVER APTS	
	CHEEVER POINTE	
	STADIUM WEST APTS	
	SPRINGS AT HERITAGE LAKE	

Accounting Period: 2020/1 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63162 WINDSTREAM NEBRASKA 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 472 18.00 · 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 Converter Disconnect Outlet relocation

· Move to new address

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63162

#### WINDSTREAM NEBRASKA INC

G

### Primary Transmitters: Television

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
KLKN	8	N	LINCOLN NE
KOLN	10	N	LINCOLN NE
KHAS	5	N	LINCOLN NE
KUON	12	<b>E</b>	LINCOLN NE
KFXL	17	N	LINCOLN NE
KHGI	13	N	LINCOLN NE

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63162 WINDSTREAM NEBRASKA 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: 2020/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### WINDSTREAM NEBRASKA INC

63162

#### 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
							·

Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTI	EM:				<u> </u>		SA1-2E. PAGE ! SYSTEM ID:
Name	WINDSTREAM NEBRA	ASKA INC						`	63162
	CURCUITUTE CARRIAC	E. CDECIAL	LOTATEME	NT AND DDOCDAM I	20				
1	SUBSTITUTE CARRIAG In General: In space I, iden		_			tion that w	nur cahle	a eveta	m carried on a
-	substitute basis during the a	accounting per	riod, under sp	ecific present and former F	CC rules, reg	ulations, or	authoriz	zations	. For a further
Substitute	explanation of the programn				the general ins	tructions in	n the pap	oer SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	_			oio ony nonn	otwork tol	oviolon r	nroaro	m
Statement and									
Program Log	1		reat of this wa	ena blank If varir anaviari	o "Voo" vou m	L		.5 _	
	<b>Note:</b> If your answer is "No log in block 2.	o , leave the r	rest or triis pa	ige biarik. II your ariswer i	s res, your	nust comp	nete trie	progra	alli
	2. LOG OF SUBSTITUT	E PROGRAM	MS						
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if t	heir mea	aning i	is
				riows เช เก๋ย เฮมเฮร. vision program ("substitut	e program") th	nat, during	the acc	ountin	g
	period, was broadcast by a		,	,			,		
	under certain FCC rules, re Do not use general catego	egulations, or ories like "mov	/ies" or "bask	etball." List specific progr	am titles, for e	example, "I	Love Lu	ucy" or	r
	"NBA Basketball: 76ers vs.		cast live onto	er "Yes." Otherwise enter	"No."				
				asting the substitute prog					
	Column 4: Give the bro the case of Mexican or Ca			the community to which the			the FCC	C or, in	1
				stem carried the substitut			ls, with t	the mo	onth
	first. Example: for May 7 g				ur aabla ayatar	m List the	times su	courat	olu.
	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								
									еіу
	to the nearest five minutes stated as "6:00–6:30 p.m."	s. Example: a	program carı	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m	n. should	d be	•
	to the nearest five minutes stated as "6:00–6:30 p.m."	ter "R" if the li	program carı listed progran	ried by a system from 6:0 n was substituted for prog	1:15 p.m. to 6 gramming that	:28:30 p.m	n. should em was i	d be require	ed
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	ter "R" if the li and regulation	program cari listed progran	ried by a system from 6:0 in was substituted for prog luring the accounting perion	1:15 p.m. to 6 gramming that od; enter the l	:28:30 p.m your systeetter "P" if	n. should em was the liste	d be <i>require</i> ed prog	ed
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NEBRASKA INC	S	YSTEM ID# 63162
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter t all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissic (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	on service ount, see	3,188.00 ss 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,  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.	,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 this accounting period is \$52.00	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 \$137,100)	)	
	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	0)	
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	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 See page i of the general instructions in the paper SA1-2 form for more information.		hts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: NEBRASKA INC				SYSTEM ID# 63162
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.	otal number of active	vated channels during the ac	counting period.	6
	on which the ca	number of activated channels able system carried television beats services	proadcast stations			120
N Individual to Be Contacted		BE CONTACTED IF FURTHI		N IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name	JIM POWELL			Telephone	706.896.1089
	Address	1839 HIGHWAY 17 N (Number, street, rural route, apartm YOUNG HARRIS GA (City, town, state, zip)				
	Email	sandra.blade@v	windstream.com		Fax (optional) 330.486.3504	
	CERTIFICATION	(This statement of account mu	ıst be certified and	signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned	ed, hereby certify that (Check or	ne, <i>but only one</i> , of	the boxes.)		
	(Owne	er other than corporation or pa	<b>artnership)</b> I am th	ne owner of the cable system a	as identified in line 1 of space E	3; or
		t of owner other than corpora line 1 of space B and that the ov			ent of the owner of the cable s	system as identified
		<b>er or partner)</b> I am an officer (il line 1 of space B.	f a corporation) or a	a partner (if a partnership) of t	he legal entity identified as owi	ner of the cable system
		d the statement of account and le, and correct to the best of my on 1001(1986)]				
			Х	/S/ TIMOTHY P	LOKEN	
				signature on the line above to ng an "/s/ signature" (e.g., /s/ J	•	
		Typed or printed	name: TIMO	THY P LOKEN		
		Title: (Title of off		REGULATORY REPOR	RTING	
		Date:			AUGUST 20, 2020	

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: 2020/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NDSTREAM NEBRASKA INC	63162
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 flowing 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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	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 transmissi made by satellite carriers to satellite dish owners?  X NO	ions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment 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	<u>-</u>
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance pleased the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease
** 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, ple 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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