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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/24/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	

A	ACCC	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			
		Instructions:	
В		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.	60235
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	00233
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM D&E SYSTEMS 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 u	
	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WINDSTREAM D&E SYSTEMS INC	60235
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	st will selve as a form of system identification herearter know
<b>A</b>	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	STATE COLLEGE	PA
Community		
dd Rows as Necessary		
		01 01 01 01 01 01 01 01 01 01 01 01 01 0

News									-2E. PAGI
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	
	WINDSTREAM D&E SYS	STEMS INC							6023
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle systen	n broken	
scribers and	down by categories of secondar	•					,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv			•••		•		0	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed	· ·		,	ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of ser	ondary transmi	esion serv	ice that cable	
	systems most commonly provide			Ű					
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as	a subscriber in	each app	licable category	. Example	e: a residential	
	subscriber who pays extra for ca	able service to	additior	nal sets would b	e include	d in the count u	nder "Serv	ice to the	
	first set" and would be counted of								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-i	Ianu Diock. A lu	vo- or the	e-word descrip		Service is	
		DCK 1					BLOCI	٢2	
		NO. OF		5475				NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		134	37.75					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		16	37.75					
	Commercial		13	37.75					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		•	• •			
•	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		<b>U</b> (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,				, g,	
ransmissions:	Block 1: Give the standard rat	• •				••			
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a				shed. List	these other sei	vices in th	e form of a	
	brief (two- or three-word) descrip			ate for each.		I			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	18.00		tel, hotel			PPV		F
	<ul> <li>Pay cable—add'l channel</li> </ul>		_	mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	50.00	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	50.00	Other	services:					[
	• FM radio (if separate rate)		•Re	connect		35.00			
				connect connect		35.00			
	• FM radio (if separate rate)		• Dis			35.00 35.00			

	LEGAL NAME OF OWNER O			SYSTE
Name	WINDSTREAM D&E S			6
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eacl educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	entify every television station (including term during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>a:</b> With respect to any distant stations calules, regulations, or authorizations: <b>b:</b> With respect to any distant stations calules, regulations, or authorizations: <b>b:</b> with respect be a substitute basis stations calules, regulations, or authorizations: <b>c:</b> in space G—but do list it in space I (the nasubstitute basis. also in space I, if the station was carried 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 the form. <b>b:</b> In umber the FCC assigned to the televity VRC is channel 4 in Washington, D.C. In case whether the station is a network sering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial tendent), "I-M" ional multicast).
		adian stations, if any, give the name of th	·	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WPSX	3	E	CLEARFIELD PA
	WPSX HD	3.1	E-M	CLEARFIELD PA
ws as Necessary	WPSX HD WJAC	3.1 6		
ws as Necessary	WPSX HD WJAC WJAC HD	3.1 6 6.1	E-M N N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV	3.1 6 6.1 6.2	E-M N N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP	3.1 6 6.1 6.2 8	E-M N N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA
vs as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD	3.1 6 6.1 6.2	E-M N N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP	3.1 6 6.1 6.2 8	E-M N N-M I	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD	3.1 6 6.1 6.2 8 8 8.1	E-M N N-M I I I-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ	3.1 6 6.1 6.2 8 8 8.1 10	E-M N N-M I I I-M N	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD	3.1 6 6.1 6.2 8 8 8.1 10 10.1	E-M N N-M i i i-M N N N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23	E-M N N-M I I I-M N N-M N N-M N	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23 23.1	E-M N N-M i i. i-M N N N-M N N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM HD	3.1 6 6.1 6.2 8 8.1 10 10.1 23 23.1 23.3	E-M N N-M I I I-M N N N N-M N N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM HD WATM THIS TV WATM ANTENNA	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23 23.1 23.3 23.4	E-M N N-M I I N N-M N-M N-M N-M N-M N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM HD WATM THIS TV WATM ANTENNA WSWB	3.1 6 6.1 6.2 8 8.1 10 10.1 23 23.1 23.1 23.3 23.4 38	E-M N N-M I I N N-M N-M N-M N-M N-M N-M N-M	CLEARFIELD PA         JOHNSTOWN PA         ALTOONA PA         ALTOONA PA         ALTOONA PA         ALTOONA PA         ALTOONA PA         WILKES BARRE PA
wws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM THIS TV WATM ANTENNA WSWB WKBS	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23 23.1 23.3 23.1 23.3 23.4 38 47	E-M N N-M I I N N-M N-M N-M N-M N-M N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA WILKES BARRE PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM THIS TV WATM ANTENNA WSWB WKBS	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23 23.1 23.3 23.1 23.3 23.4 38 47	E-M N N-M I I N N-M N-M N-M N-M N-M N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA WILKES BARRE PA ALTOONA PA
wws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM THIS TV WATM ANTENNA WSWB WKBS	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23 23.1 23.3 23.1 23.3 23.4 38 47	E-M N N-M I I N N-M N-M N-M N-M N-M N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA WILKES BARRE PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM THIS TV WATM ANTENNA WSWB WKBS	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23 23.1 23.3 23.1 23.3 23.4 38 47	E-M N N-M I I N N-M N-M N-M N-M N-M N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA WILKES BARRE PA ALTOONA PA
ws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM THIS TV WATM ANTENNA WSWB WKBS	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23 23.1 23.3 23.1 23.3 23.4 38 47	E-M N N-M I I N N-M N-M N-M N-M N-M N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA WILKES BARRE PA ALTOONA PA
wws as Necessary	WPSX HD WJAC WJAC HD WJAC ME TV WWCP WWCP HD WTAJ WTAJ HD WATM WATM HD WATM THIS TV WATM ANTENNA WSWB WKBS	3.1 6 6.1 6.2 8 8 8.1 10 10.1 23 23.1 23.3 23.1 23.3 23.4 38 47	E-M N N-M I I N N-M N-M N-M N-M N-M N-M N-M	CLEARFIELD PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA JOHNSTOWN PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA ALTOONA PA WILKES BARRE PA ALTOONA PA

counting Period:	2020/2			FORM SA1-2E. PAGE 3
News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:
Name	WINDSTREAM D&E S	YSTEMS INC		6023
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele t (1) stations carried only on a part-tin he carriage of certain network progran	ne basis under
Primary	76.59(d)(2) and (4), 76.61(e)	)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain static	ons carried on a
Transmitters:	1 0 /	explained in the next paragraph.		
Television			arried by your cable system on a subs	titute program
		es, regulations, or authorizations: in space G—but do list it in space I (t	the Special Statement and Program Lo	ng)—if the
	station was carried only on a			<i>yyy</i> in the
	,		d both on a substitute basis and also o	on some other
	basis. For further information	n concerning substitute basis stations	, see page (v) of the general instruction	ns.
		· · ·	program services such as HBO, ESPN	
		8	e-air designation. For example, report	tmultistream
	"WETA-2" as the same on the		evision station for broadcasting over th	o oir in ite community
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over th	
			station, an independent station, or a r	noncommercial
			(for network multicast), "I" (for indepen	
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education	nal multicast).
	0	ms, see page (iv) of the general instr		
			t the community to which the station is	
	FCC. For Mexican or Canad	ian stations, if any, give the name of t	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF								SYSTEM 60
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
ecceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitter Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WINDSTREAM D&E S	YSTEMS	INC					60235
	SUBSTITUTE CARRIAG							
	In General: In space I, ident	-	-			tion that w	ur cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any noni	network tel	evision prog	Iram
Program Log	broadcast by a distant sta	ition?					YES	× NO
r rogram zog					"X "	<u> </u>		
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	nust comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Lisa abbraviations	whorovor p	occiblo if t	hoir moonin	a ic
	clear. If you need more spa				s wherever p			y is
				vision program ("substitute	e program") t	hat, during	the account	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming	of another	station
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fur	ther informa	ation.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute progr				
				the community to which the			the FCC or,	in
	the case of Mexican or Car			e community with which the stem carried the substitute			la with that	
	first. Example: for May 7 gi		when your sy		e program. U	se numera	is, with the r	nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes							
	stated as "6:00-6:30 p.m."	" <b>D</b> " · ( )						
				n was substituted for progr				
	to delete under FCC rules was substituted for program							ogram
	effect on October 19, 1976	•	your oyotonn n			, and roga		
	S	UBSTITUT	E PROGRAM			N SUBST		
	1. TITLE OF PROGRAM	1						7 REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			7. REASON FOR DELETION
		2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION				
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
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					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM D&E SYSTEMS INC	S	STEM ID# 60235
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	2,623.16 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$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-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	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)	
	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		
Filler Frank			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: I D&E SYSTEMS INC			SYSTEM ID# 60235
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's t I number of channels on which	s broadcast stations		16 217
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour	ER INFORMATION IS NEEDED (Identify a tt.)	n individual to whom	
for Further Information	Name	JIM POWELL		Telephone	706.893.1089
	Address	1839 HIGHWAY 17 N (Number, street, rural route, apartr YOUNG HARRIS GA (City, town, state, zip)	nent, or suite number) 30582		
	Email	LEZLIE.P.YOU	NG@WINDSTREAM.COM	Fax (optional) <u>330.486.350</u>	4
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined	ed, hereby certify that (Check c er other than corporation or p t of owner other than corpora line 1 of space B and that the c cer or partner) I am an officer ( line 1 of space B. d the statement of account and ce, and correct to the best of my	ust be certified and signed in accordance w one, <i>but only one</i> , of the boxes.) <b>artnership)</b> I am the owner of the cable syst <b>ation or partnership)</b> I am the duly authorize wner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) hereby declare under penalty of law that all s knowledge, information, and belief, and are	ern as identified in line 1 of space d agent of the owner of the cable of the legal entity identified as ov tatements of fact contained herei	system as identified wner of the cable system
			X /S/ TIMOTHY	e to certify this statement.	
		Typed or printed Title: (Title of of	name: TIMOTHY P LOKEN DIRECTOR-REGULATORY REF ficial position held in corporation or partnership)	PORTING	
		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.

SAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
NDSTREAM D&E SYSTEMS INC	6023
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x	
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
	 5 
x days	 5 
x       x         x	
x       x         x	
Line 3 Multiply line 2 by the number of days late and enter the sum here       x         x       x	
Line 3       Multiply line 2 by the number of days late and enter the sum here	

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