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

	FOR COPYRIGHT	T OFFICE USE ONLY	Return completed workbook b email to:
	DATE RECEIVED	AMOUNT	
ns (Short Form) tions are located f this workbook	08/28/2017	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
20171		see instructions)	
-		ry of another corporation, give the full corpor	rate title
List any other name or names under which	the owner conducts the business of the o	cable system.	
÷	- · ·		mit a
Check here if this is the system's first filing.	If not, enter the system's ID number assi	igned by the Licensing Division.	004537
1	tions are located f this workbook ACCOUNTING PERIOD COVERED I 2017/1 2017/1 20171 instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent con List any other name or names under which If there were different owners during the a single statement of account and royalty fee	DATE RECEIVED DATE RECEIVED DATE RECEIVED DATE RECEIVED DATE RECEIVED 08/28/2017 OB/28/2017 ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YY) 2017/1 Period 1 = January 1 - June 30 2017/1 Barcode Data Filing Period (optional - 20171 Barcode Data Filing Period (optional - List any other name of the owner of the cable system. If the owner is a subsidia of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the if there were different owners during the accounting period, only the owner on the single statement of account and royalty fee payment covering the entire accounting the accounting period output of the owner on the single statement of account and royalty fee payment covering the entire accounting period output of the owner on the single statement of account and royalty fee payment covering the entire accounting period output of the owner on the single statement of account and royalty fee payment covering the entire accounting period output of the owner on the single statement of account and royalty fee payment covering the entire accounting period output of the owner on the single statement of account and royalty fee payment covering the entire accounting period output of the owner on the single statement of account and royalty fee payment covering the entire accounting period output of the owner owner owner owner owner owner owner owner ownere owner owner owner owner owner ownere owner	y Transmissions by ns (Short Form) DATE RECEIVED AMOUNT tions are located f this workbook \$ ALLOCATION NUMBER ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20171 Barcode Data Filing Period (optional - see instructions) 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 corporation

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (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 B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		PARIS, AR
		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 fing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "communit	004537
D	"a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis known as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter ngs.
Area Served	identified city.	one parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	PARIS	AR
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							00453
	SECONDARY TRANSMISSION		BSCDI		TES				
E	In General: The information in s			-	-	v transmission se	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ing on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	rice at the rate i	ndicated	I-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmiss	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 of					i in the count und	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-ha	and block. A tw	o- or thre	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		211	22.50					
	Service to first set Service to additional act/a		64	32.50 0					
	Service to additional set(s)		04	U					
	• FM radio (if separate rate)								
	Motel, hotel Commercial		27	24.26					
	Converter		37	31.36					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	6				
F	In General: Space F calls for rat	•	,		•				
	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•	,		0				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
Transmissions:	Block 1: Give the standard rat							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.00	• Mot	el, hotel					
	 Pay cable—add'l channel 	19.00	• Con	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set	40.00	• Burg	glar protection					
			Other s	ervices					
	 Additional set(s) 	25.00					F		
	Additional set(s)FM radio (if separate rate)	25.00		onnect		40.00			
		25.00	• Rec			40.00			
	• FM radio (if separate rate)	25.00	• Rec • Disc	onnect		40.00 25.00			

me	LEGAL NAME OF OWNER OF			SYSTEM ID 00453
	CEQUEL COMMUNIC			00433
hary hitters: ision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	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-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K04RA-D	4	I	CLARKSVILLE, AR
				•= , •
	KAFT	9	Е	FAYETTEVILLE, AR
essary	KAFT KFSM-TV	9 18	E N	
cessary				FAYETTEVILLE, AR
essary	KFSM-TV	18		FAYETTEVILLE, AR FORT SMITH, AR
cessary	KFSM-TV KFTA-TV	18 27	N I	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR
essary	KFSM-TV KFTA-TV KHBS	18 27 21	N 	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR
essary	KFSM-TV KFTA-TV KHBS KHBS-CW	18 27 21 21	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR
ecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
lecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
lecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
ecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
ecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
lecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Vecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
lecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Vecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Vecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
: Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR

LEGAL NAME O								SYSTEM 004
	t every radio s	station c) arried on a separate and dis enerally receivable by your c					н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate) it is carried b monitoring, to ormation abou rm. dentify the call State whether f the radio stat this by placing	y the sy be rece it the C I sign of the stati tion's sig g a chec	II-Band FM Carriage: Unde stem whenever it is received eived at the headend, with th opyright Office regulations o each station carried. on is AM or FM. gnal was electronically proce ck mark in the "S/D" column. tion (the community to which	I at the system's e system's FM a n this point, see ssed by the cabl	headend, and ntenna, during page (v) of the e system as a	(2) it ca genera genera	in be expected, stated intervals. Il instructions in the.	Primary Transmitters Radio
Mexican or Car			, the community with which t					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					004537
					0			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				0		•••	
Special	 During the accounting peri 				is, any nonne	twork televis	sion progran	ı
Statement and	broadcast by a distant stat	-	,				YES	X NO
Program Log	-				«>/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if thei	r meaning is	
	clear. If you need more space				wherever poo		r meaning io	
	Column 1: Give the title							
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				- F - , -	, -	
	Column 2: If the program							
	Column 3: Give the call s Column 4: Give the broa					nsed by the	FCC or in	
	the case of Mexican or Can							
	Column 5: Give the mon		when your syst	tem carried the substitute	program. Use	numerals, v	with the mor	nth
	first. Example: for May 7 giv			arom was corried by your	aabla avatam	List the tim	oo oourata	h.,
	Column 6: State the time to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."	Example: a	program came		10 p.m. to 0.2	0.00 p 0		
	Column 7: Enter the lette							
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	inning that y	our system wa			ind regulatio		
					11			T
		דו ודודססו ו				EN SUBSTI		
	5		E PROGRAM			IAGE OCC		 REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM ·	— ТО	
							_	
			+					
			+			·		
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			+				<u> </u>	
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Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 004537
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	e 2,555.72
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 Total Remittance	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		hts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004537
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statistic 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 on which the cable system carried television broadcast stations and nonbroadcast services	ions 8 24
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 SARAH BOGUE Teleph	none (903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	ons)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of spa	ace B; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cat 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 	·
	 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 he 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)] 	rein
	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: SABRINA WARR	
	Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	Date: 08/18/2017	

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unting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0045
 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? NO 	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Name	
Mailing Address Mailing Address	
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 Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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