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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook b email to:	
for Seconda	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	uctions are located of this workbook	08/28/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31 I - see instructions)	
Accounting Period	2017.			
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent of		diary of another corporation, give the full corp	orate title
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should sulting period.	bmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	063136
	LEGAL NAME OF OWNER/MAILING	G 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, rurai route, apartment, or suite r TYLER, TX 75701 (City, town, state, zip)	lumber)		
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1 LAPALMA CORRECTIONA	L FACILITY		
	MAILING ADDRESS OF CABLE SYSTEM	1:		

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063136
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated com 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 filir	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ELOY	AZ
Community	(LAPALMA CORR)	
dd Rows as Necessary		
	ากการการการการการการการการการการการการกา	
	ากการการการการการการการการการการการการกา	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE STEM ID
Name	CEQUEL COMMUNICAT	TONS LLC							06313
	SECONDARY TRANSMISSION		Becon		TES				
E	In General: The information in s			-	-	/ transmission se	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						iose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						lo svetom	brokon	
scribers and	down by categories of secondar								
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 stanual		within a p		
	Block 1: In the left-hand block	in space E, the	form lis	sts the categori					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of	once again unde	r "Serv	ice to additiona	l set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	ind rates, in the	ngnt-n	and block. A tw				ervice is	
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		76	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATES	5				
F	In General: Space F calls for rat					l your cable syst	em's servi	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro pot	
Rales									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form brief (two- or three-word) description and include the rate for each.								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (CATEG	ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	-	• Mot	el, hotel					
	 Pay cable—add'l channel 	-	• Cor	nmercial					
	Fire protection			cable					
	 Burglar protection 			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	-		glar protection					
	Additional set(s)	-		services:					
	• FM radio (if separate rate)			connect		-			
	Converter			connect					
				let relocation		-			

	· · · · · · · · · · · · · · · · · · ·							
ne	LEGAL NAME OF OWNER OF	SYSTEM ID# 063136						
	CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION							
ary itters: ision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 location	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	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct 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 indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a 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				
		8	E					
	KAET	0	L	PHOENIX, AZ				
	KAET	12	N	PHOENIX, AZ MESA, AZ				
cessary								
essary	KPNX	12		MESA, AZ				
essary	KPNX KSAZ-TV	12 10		MESA, AZ PHOENIX, AZ				
essary	KPNX KSAZ-TV KTVW-TV	12 10 34		MESA, AZ PHOENIX, AZ PHOENIX, AZ				
ssary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
essary	KPNX KSAZ-TV KTVW-TV KTVK KPHO-TV	12 10 34 24 17	N 1 1 1 1 N	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
cessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
ecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
ecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
cessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
ecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
lecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
Vecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
Vecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
Vecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
lecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
Vecessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
Necessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
Necessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				
Necessary	KPNX	12	N	MESA, AZ				
	KSAZ-TV	10	1	PHOENIX, AZ				
	KTVW-TV	34	1	PHOENIX, AZ				
	KTVK	24	1	PHOENIX, AZ				
	KPHO-TV	17	1	PHOENIX, AZ				
	KNXV-TV	15	N	PHOENIX, AZ				

EGAL NAME O								SYSTEM 063 ⁻
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the call state whether the radio stat this by placing	y the sy be rece ut the C I sign of the stati tion's sig g a chec	III-Band FM Carriage : Under stem whenever it is received eived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column.	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
			tion (the community to which , the community with which th			-CC or,	In the case of	
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.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063136
					•			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				- <u>j</u>		- p-p	
Special	During the accounting peri				sis anv nonne	twork televi	sion program	n
Statement and	broadcast by a distant stat	-		ourry, on a substitute bac				
Program Log	-					L	YES	
	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.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more space				wherever pos	sible, if thei	ir meaning is	
	Column 1: Give the title				program") the	at during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instructio	ns for furthe	er information	
	Do not use general categori		vies" or "basket	ball." List specific program	m titles, for ex	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga antar "	No."			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					ensed by the	FCC or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	e numerals,	with the mor	nth
	first. Example: for May 7 giv					1 1 - 4 4 41		L .
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program came	eu by a system nom 0.01.	. 15 p.m. to 0.2	.o.30 p.m. s		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	and regulation	ons in	
	effect on October 19, 1976.							
					WHE	EN SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM			IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. 1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
			+					"
			+				<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# 063136
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 trans (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 9,170.00
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		
	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	7,600)	
	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# 063136
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	8
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 Telephone	(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.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) or a partner (if a partnership) of the legal entity identified as own (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own (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. (I b U.S.C., Section 1001(1986)) (Typed or printed name: SABRINA WARR Title:	; or ystem as identified
	Date: 08/18/2017	

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 the 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 telephon 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 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 t 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

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0631
 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 Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2. Multiply line 1 by the intercent rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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