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 COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
08/28/2017	\$							
	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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20171 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		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 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:
		NORTH FORK CORRECTIONAL FACILITY
		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.

Accounting Period:	2017/1											
	,-	FORM SA1-2E. PAGE 1b.										
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#										
Name	CEQUEL COMMUNICATIONS LLC	063668										
	Instructions: List each separate community served by the cable system. A "communi											
D Area	"a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	mmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known										
Served	identified city.											
	CITY OR TOWN	STATE										
First	Sayre	OK										
Community	(NORTH FORK CORRECTIONAL FACILITY)											
Add Rows as Necessary												
	P											

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

063668

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 last day of the accounting period (June 30 or December 31, as the case may be).

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 each category by counting the number of billings in that category (the number of persons or organizations charged 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.

BL	OCK 1		BLOCK 2					
04750000 05 050000	NO. OF	DATE	OATEOODY OF OFDIGO	NO. OF	DATE			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
Service to first set	0	-						
 Service to additional set(s) 	0	0						
FM radio (if separate rate)								
Motel, hotel								
Commercial	27	41.89						
Converter								
Residential								
Non-residential								
		1		1	I			

F

Services Other Than Secondary Transmissions: Rates

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 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 amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
 Pay cable—add'l channel 	-	Commercial			
Fire protection		• Pay 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: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063668

CEQUEL COMMUNICATIONS LLC

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
KFOR-TV	27	N	OKLAHOMA CITY, OK
KWTV	9	N	OKLAHOMA CITY, OK
косо-ту	7	N	OKLAHOMA CITY, OK
KETA-TV	13	E	OKLAHOMA CITY, OK
КОСВ	33	l	OKLAHOMA CITY, OK
KOKH-TV	24	I	OKLAHOMA CITY, OK
KUOK	35	l	WOODWARD, OK
KSBI	23	I	OKLAHOMA CITY, OK
KAUT-TV	40	l	OKLAHOMA CITY, OK
KTUZ-TV	29	l	SHAWNEE, OK

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

063668

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
	 	 					
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Asserting Davis	4. 2017/1							MACAAOE DAOE E	
Accounting Perio	LEGAL NAME OF OWNER OF	CARLE SYS	TEM:				FUR	M SA1-2E. PAGE 5.	
Name	CEQUEL COMMUNICA							063668	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, rec Do not use general categor "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana	E: SPECIAL STATEMENT AND PROGRAM LOG ify every nonnetwork television program, broadcast by a distant station, that your cable system carried or coounting period, under specific present and former FCC rules, regulations, or authorizations. For a further ing that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. T CONCERNING SUBSTITUTE CARRIAGE ind, did your cable system carry, on a substitute basis, any nonnetwork television program tition? "I leave the rest of this page blank. If your answer is "Yes," you must complete the program on a separate line. Use abbreviations wherever possible, if their meaning is neceplease add additional rows to the tables. Of every nonnetwork television program ("substitute program") that, during the accounting distant station and that your cable system substituted for the programming of another station gulations, or authorizations. See page (v) of the general instructions for further information. ies like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or Bulls." In was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. additions, if any, the community to which the station is licensed by the FCC or, in addian stations, if any, the community with which the station is identified). with and day when your system carried the substitute program. Use numerals, with the month we "5/7."							
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the nd regulation ming that y	listed program	was substituted for prog ring the accounting perions s permitted to delete und	ramming that y d; enter the let ler FCC rules a	our system vour "P" if the	was require listed progr ns in		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES - TO	DELETION	

Accounting Period:	2017/1 FO	RM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 06366
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun 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.	service
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 \$263,80 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.	0
	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 six-n accounting period is \$52.00	nonth
	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)	
	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)	
	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)	.00_
	6. Interest charge. Enter the amount from line 4, space Q, page 8	.00_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.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 of Co See page i of the general instructions in the paper SA1-2 form for more information.	opyrights!

Accounting Period:	2017/1																		F	ORM SA	1-2E.	PAGI	E 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT																			;	SYST 0	EM 1	
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	he cable system's to f channels on which broadcast stations. f activated channels n carried television b	tal numb	nber o	er of ac	tivated	d chanı	nels du	ring the		count	ting p	eriod	l.	ations				10				
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s			ORM	MATIC	ON IS	NEED	E D (Ide	ntify an	n indiv	ividu	ial to	whor	n									
for Further Information	Name SARAI	H BOGUE												Tele	phone	(90	3) 57	'9-31	21				
	(Number, s	SE LOOP 323 street, rural route, apartm	ent, or suit	uite ni	numbei	r)																	
		, state, zip)																					
	Email	SARAH.BOGUE	@ALTIC	ICE	EUSA	.COM	1				Fax	x (opt	tional)									
O Certification	I, the undersigned, hereby Owner other that		e, but only	nly or	one, of	f the b	oxes.)									; or							
	in line 1 of sp	other than corporati ace B and that the ow er) I am an officer (if ace B.	ner is not	not a	a corpo	oration	or part	nership	; or														
	I have examined the staten are true, complete, and corre [18 U.S.C., Section 1001(19)]	ect to the best of my k												ained h	nerein								
			Enter an e	n elec		ic signa	ature o	n the lin						ment.									
		Typed or printed	name:	S	SAB	RINA	A WA	RR															
		Title: (Title of off	VICE F							ΓINC	G												
		Date:										08/1	8/201	17									

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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 YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Address Name Mailing Address Address Name Mailing Address Address Name Mailing Address Name Address Name Mailing Address	counting Period: 2017/1	FORM SA1-2E. PAGE 8.
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statellite Home Viewer Act of 1986 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the botal number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions op primary proadst 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 pager 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 YES. Enter the total here and list the satellite carrier(s) below. **Name** **Name** **Name** **Name** **Maling 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 pager SA1-2 form. **Line 1** Enter the amount of late payment or underpayment** **Variation of interest assessment, see page (viii) of the general instructions located in the pager SA1-2 form. **Line 2** Multiply line 1 by the interest rate* and enter the sum here. ***x** ***understanding** **A 0,00274* Line 4** Multiply line 2 by the number of days late and enter the sum here. **x** **x** **understanding** **x** **understanding** **Interest Assessment** **To view the interest rate chart click on www.copyright.gov/licensing/finiterest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. **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 alre	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The Satellite Home Viewer Act of 1988 amended Tile 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 sections of primary broadcast transmitiscs, the system shall not incude 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? X NO YES. Enter the total here and list the satellite carrier(s) below. S INTEREST ASSESSMENT You must complete this worksheet for those royally 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. Line 2 Multiply line 1 by the interest rate' and enter the sum here Line 3 Multiply line 1 by the interest rate' and enter the sum here x days 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. (interest charge) **To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. **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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	QUEL COMMUNICATIONS LLC	063668
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? Note YES. Enter the total here and list the satellite carrier(s) below. \$	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."	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? NO		
VES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address	made by satellite carriers to satellite dish owners?	
Name Mailing Address Name 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. Line 1 Enter the amount of late payment or underpayment	Name Name	
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		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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 Assessment
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 2 Multiply line 1 by the interest rate* and enter the sum here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** 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, please 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	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please 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		
Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
First community served		

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