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 COPYRIGH	IT 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> For additional information,
General instructions are located in the first tab of this workbook	02/28/2018	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (YY	YYY/(Period))	

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 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.	014199
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		NOCONA, TX	
		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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Maine	CEQUEL COMMUNICATIONS LLC	014199
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
First	CITY OR TOWN NOCONA	STATE TX
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							01419
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	he cable	
_	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in spa	ace F, r	not here. All the	facts you	state must be th			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						lo evetom	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in tha	t category (the	number o	f persons or orga	anizations		
	separately for the particular serv Rate: Give the standard rate c							io and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed f	or adva	ance payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servie	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	OCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	• Service to first set		132	28.45					
	Service to additional set(s)		106	20.45 0					
	• FM radio (if separate rate)		100						
	Motel, hotel								
	Commercial		28	32.74					
	Converter								
	Residential								
	Non-residential								
					·			1	
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					l vour cable svst	em's serv	ices that were	
F	not covered in space E, that is, t	•	,		•				
Comisso	service for a single fee. There ar		,		0				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		ogram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	17.00	• Mo	tel, hotel					
	Pay cable—add'l channel	19.00		mmercial					ļ
	Fire protection		-	y cable					
	•Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential	40.00		e protection					
	 First set Additional set(s) 	40.00		rglar protection					
		25.00	other	services:					
			• Doo	connect		40.00			
	• FM radio (if separate rate)					40.00			
			• Dis	connect connect tlet relocation		40.00			

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		014199
G Primary nsmitters: elevision	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 ru- Do <i>not</i> list the station here station was carried <i>only</i> or List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute 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	t (1) stations carried only on a part-t ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct orogram 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 indepu- pr "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p 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
		22	LM	
	KAUZ-CW	22	I-M	WICHITA FALLS, TX
	KAUZ-CW	22	I-IVI N	WICHITA FALLS, TX WICHITA FALLS, TX
vs as Necessary				
s as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
3 Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
s Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
; Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK
is Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK
as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
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	KSWO-TV	11	N	LAWTON, OK
<i>i</i> s as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK
vs as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK
is as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK
vs as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK
ws as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK
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	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK
ows as Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KERA-TV	14	E	DALLAS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TV	11	N	LAWTON, OK

EGAL NAME OF								SYSTEM II 0141
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether f the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		s, if any,	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	L							

Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					014199
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o les like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	ntormatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program				
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 au in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the l	listed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCU	JRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES – TO	DELETION
		103 01 10	ONEE OIGH	4. 01/1101/0 200/1101		TROM	10	
							_	
						_	_	
							-	
							_	
						_	_	
						_	_	
							-	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
			014199
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 service s amount, see	e 5,033.12
Copyright	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		<u>.</u>
	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:	2017/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE CEQUEL COMMUNICATIONS		SYSTEM ID# 014199
M Channels	to its subscribers, and (2) the cabination of the cabinati	ast stations	8 60
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTE we can contact about this stateme	D IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ent of account.)	
for Further Information	Name SARAH BO	GUE	(903) 579-3121
	Address 3015 S SE L (Number, street, ru TYLER, TX (City, town, state, z	ral route, apartment, or suite number) 75701	
	Email SAF	RAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	 I, the undersigned, hereby certify the certification the certific	of account must be certified and signed in accordance with Copyright Office regulations) hat (Check one, <i>but only one</i> , of the boxes.) noration or partnership) I am the owner of the cable system as identified in line 1 of space B; han corporation or partnership) I am the duly authorized agent of the owner of the cable system and that the owner is not a corporation or partnership; or in an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned account and hereby declare under penalty of law that all statements of fact contained herein he best of my knowledge, information, and belief, and are made in good faith.	stem as identified
		X /s/ Michael Schreiber Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) ed or printed name: MICHAEL SCHREIBER	
	Title		
	Date	e: 02/18/2018	

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 telephol 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 lav

unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0141
 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? X NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheat for those revealty payments submitted as a result of a late payment or undergayment	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
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	
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