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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	024185
		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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		JONESBORO, LA	
		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#
	CEQUEL COMMUNICATIONS LLC	024185
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	ist will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	JONESBORO	LA
Community	E. HODGE	LA
	HODGE	LA
Rows as Necessary	JACKSON PARISH	LA
	N. HODGE	LA
	QUITMAN	LA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						S	STEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							02418
_	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	sting on the	
Transmission	last day of the accounting period						hla avatar	n brakan	
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	ice at the rate in	dicated	-not the num	ber of set	s receiving serv	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	ssion serv	ice 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 ur	ider "Serv	vice to the	
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a	ind rates, in the	right-ha	nd block. A tw	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1					BLOC	<u>к 2</u>	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	S RATE
	Service to first set		423	36.50					
			423 821	30.30 0					
	 Service to additional set(s) FM radio (if separate rate) 		021	U					
	Motel, hotel								
	Commercial		64	30.44					
	Converter		V 4	30.44					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATE	S				
Б	In General: Space F calls for rat	e (not subscribe	er) inforr	nation with re	spect to al	ll your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	-	•		
	brief (two- or three-word) descrip				SHEU. LISI	these other ser			
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			DRY OF SER	VICE	RATE	CATE	GORY OF SERVIC	E RATE
	Continuing Services:		nstallat	ion: Non-res	idential				
	• Pay cable	17.00	• Mote	l, hotel					
	Pay cable—add'l channel	19.00	• Com	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set	40.00	 Burg 	lar protection					
		·····	Other s						
	Additional set(s)	25.00	Juner 3	ervices:					
		25.00		onnect		40.00			
	 Additional set(s) 	25.00	• Reco			40.00			
	Additional set(s)FM radio (if separate rate)	25.00	• Reco • Disc	onnect		40.00			

	2017/2			FORM SA1-2E. PAGE :
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			02418
G Primary psmitters: elevision	In General: In space G, idd 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 rn • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio 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 m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I 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 indepu- pr "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 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
	KAQY-HD	11	N-M	COLUMBIA, LA
	KAQY-LP	11	Ν	COLUMBIA, LA
ws as Necessary	KARD	36	l	WEST MONROE, LA
	KARD-HD	36	I-M	WEST MONROE, LA
	KLTM-HD	13	E-M	MONROE, LA
	KLTM-LPB2	13	E-M	MONROE, LA
	KLTM-LPB3	13	—	
		10	E-M	MONROE, LA
	KLTM-TV	13	<u>Е-М</u>	MONROE, LA MONROE, LA
	KLTM-TV	13		MONROE, LA
	KLTM-TV KMCT-TV	13 38	E	MONROE, LA WEST MONROE, LA
	KLTM-TV KMCT-TV KMLU	13 38 11	E I I	MONROE, LA WEST MONROE, LA COLUMBIA, LA
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD	13 38 11 8	E I I I-M	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD KNOE-TV	13 38 11 8 8 8 8	E I I I-M N-M N	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD	13 38 11 8 8	E I I I-M N-M	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA SHREVEPORT, LA
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD KNOE-HD KNOE-TV KSLA-TV KTBS-TV	13 38 11 8 8 8 8 17 28	E I I I-M N-M N N N N N	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD KNOE-TV KSLA-TV KTBS-TV KTVE	13 38 11 8 8 8 8 17 28 27	E I I I-M N-M N N N N N N N	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD KNOE-HD KNOE-TV KSLA-TV KTBS-TV	13 38 11 8 8 8 8 17 28	E I I I-M N-M N N N N N	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD KNOE-TV KSLA-TV KTBS-TV KTVE	13 38 11 8 8 8 8 17 28 27	E I I I-M N-M N N N N N N N	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD KNOE-TV KSLA-TV KTBS-TV KTVE	13 38 11 8 8 8 8 17 28 27	E I I I-M N-M N N N N N N N	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD KNOE-TV KSLA-TV KTBS-TV KTVE	13 38 11 8 8 8 8 17 28 27	E I I I-M N-M N N N N N N N	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR
	KLTM-TV KMCT-TV KMLU KNOE-CW KNOE-HD KNOE-TV KSLA-TV KTBS-TV KTVE	13 38 11 8 8 8 8 17 28 27	E I I I-M N-M N N N N N N N	MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR

EGAL NAME OF								SYSTEM I 0241
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					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 ved at the headend, with the pyright 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	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Car	adian stations	s, if any,	the community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	[

Accounting Perio	od: 2017/2					FC	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				024185
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	G		
I I	In General: In space I, identi				-	ion that your cable sys	stem 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 nonne	twork telev <u>ision</u> progr	am
Statement and Program Log	broadcast by a distant star	tion?				YES	× NO
Program Log	5		waat of this was	a blank. Kurun anauran in (·//	-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	rres, you mu	ist complete the prog	ram
	log in block 2.		MC				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if their meaning	Lis
	clear. If you need more spa						
	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 ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	eral instruction	ns for further informat	ion. or
	"NBA Basketball: 76ers vs.			toall. List speeline program			
	Column 2: If the program	n was broad	dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			IN
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, with the m	onth
	first. Example: for May 7 giv	/e "5/7."			_		
				gram was carried by your			ately
	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. should be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system was requ	ired
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed pro	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCURRED	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. TIMES FROM — TO	DELETION
		103 01 100	ONEE OIGH	4. 61/1101/0 200/1101			
						<u></u>	
						_	
						_	
						_	
						_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	YSTEM ID# 024185
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 service s amount, see	e 5,134.71
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:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 024185
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	17
	on which the cable system carried television broadcast stations and nonbroadcast services	236
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 B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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 herein 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)] K /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) 	stem as identified
	Typed or printed name: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER	
	(Title of official position held in corporation or partnership) Date: 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 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 fing, a determination that would be made by a court of lav

QUEL COMMUNICATIONS LLC D2 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 foliouring service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subservice of providing secondary transmissions of primary broadcast transmitters, the system shall not include subservice of providing secondary transmissions pursuant to section 119." P 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. Secondary transmissions Secondary transmissions Receipts Exclusions No YES. Enter the total here and list the satellite carrier(s) below. \$ Secondary transmissions Secondary transmissions Name Maling Address Maling Address Maling Address Secondary transmissions located in the paper SA1-2 form. Q	unting Period: 2017/2				FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS In Stateline home Viewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Copyright Act by adding the fol- towing sentence. In determining the total number of subscribers and the gross amounts paid to the cable system for the basic sectives and amounts oblicated from subscribers nearing section from subscribers reaching section for subscribers and the gross amounts paid to the cable system for the basic concerning of the total number of subscribers nearing section for subscribers personal to section 110: For more information on when to exclude these amounts, see the note on page (wii) of the general instructions located in the paper SA1-2 form. In the systellite carrier(s) below	L NAME OF OWNER OF CABLE S	SYSTEM:			SYSTEM
The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing semence: and the total number of subscribers and the gross amounts paid to the cable system for the basic scribers 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 cartiers to satellite dish owners? Noting the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite cartiers to satellite cartier(s) below. Name Maing Address Name Line 1 Enter the amount of late payment or underpayment. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate ⁴ and enter the sum here Name Line 3 Multiply line 2 by the number of days late and enter the sum here Name Name (Interest Assessing) No 00274 ⁴⁺ and enter here In space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	UEL COMMUNICATIONS	S LLC			0241
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maing Address Name Maing 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. Interest Assess Line 1 Enter the amount of late payment or underpayment.	The Satellite Home Viewer Act lowing sentence: "In determining the total service of providing sec scribers and amounts of For more information on when located in the paper SA1-2 form During the accounting period, of made by satellite carriers to sate	t of 1988 amended Title 17, section I number of subscribers and the gros condary transmissions of primary bro collected from subscribers receiving s to exclude these amounts, see the r m. did the cable system exclude any an	111(d)(1)(A), of the (ss amounts paid to t badcast transmitters, secondary transmiss note on page (vii) of	Copyright Act by adding the fol- the cable system for the basic , the system shall not include sub- sions pursuant to section 119." the general instructions	
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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	For an explanation of interest a	assessment, see page (viii) of the ge	eneral instructions lo	cated in the paper SA1-2 form.	Q Interest Assessment
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(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 ID number	For an explanation of interest a Line 1 Enter the amount of lat Line 2 Multiply line 1 by the in	assessment, see page (viii) of the ge te payment or underpayment nterest rate* and enter the sum here	eneral instructions lo	cated in the paper SA1-2 form.	<u> </u>
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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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.