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	YY/(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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	WINNSBORO, 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: CEQUEL COMMUNICATIONS LLC	89310# 804382
D Area	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ys.
Served	identified city.	
	CITY OR TOWN	STATE
First Community	WINNSBORO FRANKLIN COUNTY	TX TX
Community	WOOD COUNTY	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							00438
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						nose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	umber of billing	s in that	t category (the	number of	f persons or org	anizations		
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				ny stanuai		s wiu iii a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF	- 20	DATE	0.4.7			NO. OF	DATE
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
			707	25.24					
	Service to first set		727 1,509	35.24					
	• Service to additional set(s)		1,509	0					
	• FM radio (if separate rate)								
	Motel, hotel		70	24.40					
	Commercial		70	34.40					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
•	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					-		-	
Fransmissions:	Block 1: Give the standard rat							voro pot	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip							ionn or u	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.00	• Mot	el, hotel					
	• Pay cable—add'l channel	19.00	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	nannel				
	Installation: Residential		• Fire	protection					
	• First set	40.00		glar protection					
	 Additional set(s) 			ervices:					
	• FM radio (if separate rate)		• Rec	connect		40.00			
	• Converter			connect					
	-			let relocation		25.00			
				/e to new addr	ess	40.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		004
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	entify every television station (including t m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67	(1) stations carried only on a part-to the carriage of certain network program	time basis under ams [sections
ransmitters: Television	Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on		ne Special Statement and Program	Log)—if the
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t	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 the form. el number the FCC assigned to the telev	see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo	ions. PN, etc. Identify each ort multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast),	RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o erms, see page (iv) of the general instru	station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati	a noncommercial endent), "I-M"
	Column 4: Give the location	n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCEB	26	I	
	KCEB-COZI	26	I-M	
Rows as Necessary	KCEB-HD	26	I-M	LONGVIEW, TX
	KDFI	36	I	DALLAS, TX
	KDFW	35	l	DALLAS, TX
	KDKJ	27	I	TYLER, TX
	KERA-CREATE	14	E-M	DALLAS, TX
	KERA-TV	14	E	DALLAS, TX
	KERA-WORLD	14	E-M	DALLAS, TX
	KERA-HD	14 14	E-M E-M	DALLAS, TX DALLAS, TX
	KERA-HD	14	E-M	DALLAS, TX
	KERA-HD KETK-TV	14 22	E-M N	DALLAS, TX JACKSONVILLE, TX
	KERA-HD KETK-TV KETK-HD	14 22 22	E-M N N-M	DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX
	KERA-HD KETK-TV KETK-HD KFXK	14 22 22 31	E-M N N-M I	DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD	14 22 22 31 31 31	E-M N N-M I I-M	DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD KLTV	14 22 22 31 31 7	E-M N N-M I I-M N	DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD KLTV KLTV-HD	14 22 22 31 31 7 7	E-M N N-M I I-M N N-M	DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD KLTV KLTV-HD KLTV-BOUNCE	14 22 22 31 31 7 7 7 7	E-M N N-M I I-M N N-M I-M	DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD KLTV KLTV-HD KLTV-BOUNCE KLTV-TMO	14 22 22 31 31 7 7 7 7 7 7 7 7 7	E-M N N-M I I-M N N-M I-M I-M	DALLAS, TXJACKSONVILLE, TXJACKSONVILLE, TXLONGVIEW, TXLONGVIEW, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD KLTV-HD KLTV-HD KLTV-BOUNCE KLTV-TMO KLTV-TMO HD KPXD	14 22 22 31 31 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 42	E-M N N-M I I-M N N-M I-M I-M I-M I-M I-M	DALLAS, TXJACKSONVILLE, TXJACKSONVILLE, TXLONGVIEW, TXLONGVIEW, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXARLINGTON, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD KLTV-HD KLTV-HD KLTV-BOUNCE KLTV-TMO KLTV-TMO KLTV-TMO KLTV-TMO KLTV-TMO	14 22 22 31 31 7 7 7 7 7 7 42 41	E-M N N-M I I-M N-M I-M I-M I-M I-M I-M I N	DALLAS, TXJACKSONVILLE, TXJACKSONVILLE, TXLONGVIEW, TXLONGVIEW, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXFORT WORTH, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD KLTV-HD KLTV-HD KLTV-BOUNCE KLTV-TMO KLTV-TMO KLTV-TMO KLTV-TMO KLTV-TMO KLTV-TMO KXAS-TV KYTX	14 22 31 31 7 7 7 7 7 7 7 18	E-M N N-M I I-M N-M I-M I-M I-M I-M I N N	DALLAS, TXJACKSONVILLE, TXJACKSONVILLE, TXJACKSONVILLE, TXLONGVIEW, TXLONGVIEW, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXFORT WORTH, TXNACOGDOCHES, TX
	KERA-HD KETK-TV KETK-HD KFXK KFXK-HD KLTV-HD KLTV-HD KLTV-BOUNCE KLTV-TMO KLTV-TMO KLTV-TMO KLTV-TMO KLTV-TMO	14 22 22 31 31 7 7 7 7 7 7 42 41	E-M N N-M I I-M N-M I-M I-M I-M I-M I-M I N	DALLAS, TXJACKSONVILLE, TXJACKSONVILLE, TXLONGVIEW, TXLONGVIEW, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXTYLER, TXFORT WORTH, TX

EGAL NAME OI								SYSTEM II 0043
	Nemittere							
	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	it is carried by monitoring, to prmation about rm. dentify the call state whether t	y the sys be recei it the Co I sign of e the static	I-Band FM Carriage: Under (tem 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	t the system's he system's FM ante this point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st leneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: C	this by placing Give the station	g a checl n's locati	<pre>< mark in the "S/D" column. on (the community to which the the community with which the</pre>	ne station is licen	sed by the FC			
	r	1					1	
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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					004382
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
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	Yes, you mu	ist complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever pos		inearing is	
	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 	titles for ex	ns for further	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO and in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	/e "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 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	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	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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
		100 01 110	ONEE OIGH		THE BITT	11100	10	
							_	
						-	_	
							_	
						-	_	
						_	_	

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC			004382
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary trans ow to compute thi	mission servic s amount, see	6,449.13
	COPYRIGHT ROYALTY FEE			
Copyright	 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information 	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			
	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	12	· · <u> </u>	
	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	216,449.13		
	3. Subtract line 2 from line 1	47,350.87		
	4. Enter the amount of gross receipts from space K	\$ 2	216,449.13	
	5. Enter the amount from line 3	\$	47,350.87	
	6. Subtract line 5 from line 4	\$ 1	69,098.26	
	7. Multiply line 6 by .005 (enter figure here)		\$	845.49
	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		\$	845.49
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut 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			
	 S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1 310 00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	5		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Foc and				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	845.49	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	865.49
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004382
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 on which the cable system carried television broadcast stations and nonbroadcast services	25 400
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 si in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. 	ystem as identified
	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)] X /s/ Michael Schreiber Enter an electronic signature on the line above to certify this statement. Enter signature union as "(d line for it)	
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 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 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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0043
 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 su 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 paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission" made by satellite carriers to satellite dish owners? 	ub- Special Statemen Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name 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.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
	L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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	L L
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	Interest Assessme
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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	Lange
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