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> |
| General instructions are located in the first tab of this workbook | 02/28/2018 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |

| A | ACCO | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|------------|------|---|--|
| | | 2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| Accounting | | 20172 Barcode Data Filing Period (optional - see instructions) | |
| 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 as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | _ | COLORADO TERR 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.

.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|---|--|
| Name | CEQUEL COMMUNICATIONS LLC | 61269 |
| D | Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or identified city. | orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings. |
| Served | | |
| | CITY OR TOWN | STATE |
| First | CANNON CITY | СО |
| Community | (COLORADO TERR CORR) | |
| | | |
| Add Rows as Necessary | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | | | | | | FORM SA1 | |
|-------------------------------|--|------------------|----------|----------------------------------|--------------|--------------------|---------------|----------------|--------|
| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | SYS | TEM ID |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 6126 |
| - | SECONDARY TRANSMISSION | SERVICE: SUI | BSCRI | BERS AND RA | ATES | | | | |
| E | In General: The information in sp | | | | | | | | |
| - . | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p last day of the accounting period | | | | | | nose existii | ng on the | |
| Transmission Service: Sub- | Number of Subscribers: Both | | | | | | le system | broken | |
| scribers and | down by categories of secondary | • | | | | | | | |
| Rates | each category by counting the nu | | | | | | | | |
| | separately for the particular servi | | | | | | | | |
| | Rate: Give the standard rate cl | | | | | | | | |
| | unit in which it is generally billed. category, but do not include disc | | | | ny standa | rd rate variations | s within a p | articular rate | |
| | Block 1: In the left-hand block | | | | ies of sec | ondarv 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 | | | | | d in the count un | der "Servic | e to the | |
| | Block 2: If your cable system h | | | | | service that are | different fro | om those | |
| | printed in block 1 (for example, ti | | | | | | | | |
| | with the number of subscribers a | | | | | | | | |
| | sufficient. | | | | | | | | |
| | BLU | DCK 1 NO. OF | | | | | BLOCK | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 0 | - | | | | | |
| | Service to additional set(s) | | 0 | 0 | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 21 | 41.89 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | s | | | | |
| - | In General: Space F calls for rat | | | | - | Il your cable sys | tem's servi | ces that were | |
| F | not covered in space E, that is, th | hose services th | nat are | not offered in a | combinatio | on with any seco | ndary trans | mission | |
| . . | service for a single fee. There are | | | | | | | | |
| Services Other Than | furnished at cost or (2) services of | | | | | | | | |
| Secondary | amount of the charge and the un enter only the letters "PP" in the | | isually | billed. If any ra | lies are cri | larged on a varia | able per-pro | bgram basis, | |
| Fransmissions: | Block 1: Give the standard rate | | e cable | system for ea | ch of the a | applicable servic | es listed. | | |
| Rates | Block 2: List any services that | | | | | | | | |
| | listed in block 1 and for which a s | | | | shed. List | these other serv | rices in the | form of a | |
| | brief (two- or three-word) descrip | tion and include | e the ra | te for each. | | | | | |
| | | BLOC | | 000/05050 | | 5.175 | | BLOCK 2 | |
| | CATEGORY OF SERVICE Continuing Services: | | | ORY OF SER | | RATE | CATEGO | DRY OF SERVICE | RATE |
| | Pay cable | | | el, hotel | iuentiai | | | | |
| | • | - | | | | | | | |
| | Pay cable—add'l channel Fire protection | | | nmercial cable | | | | | |
| | • | | | | annal | | | | |
| | •Burglar protection | | | cable-add'l ch | annei | | | | |
| | Installation: Residential | | | protection | | | | | |
| | First set | - | | glar protection | | | | | |
| | Additional set(s) | | | services: | | | | | |
| | FM radio (if separate rate) | | | connect | | - | | | |
| | Converter | | | connect | | | | | |
| | | | • Out | | | | | | |
| | | | | let relocation /e to new addr | | - | | | |

| nting Period: 2 | - | | | FORM SA1-2E. PAGE 3 |
|--|--|--|---|--|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM ID# 61269 |
| | CEQUEL COMMUNIC | | | 01200 |
| G Primary nsmitters: elevision | In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr. • Do not list the station here, station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f Column 2: Give the channa 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 locatio | 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 carrier 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-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program of both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station | time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KTSC-PBS | 8 | E | PUEBLO, CO |
| | KXRM-FOX | 22 | l | COLORADO SPRINGS, CO |
| Vecessary | KRDO-ABC | 24 | Ν | COLORADO SPRINGS, CO |
| | KOAA-NBC | 42 | Ν | PUEBLO, CO |
| | KVSN-Univision | 48 | I | PUEBLO, CO |
| | KKTV-CBS | 49 | Ν | COLORADO SPRINGS, CO |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| EGAL NAME OF | | | | | | | | SYSTEM I 612 |
|---|--|--|---|--|---|---|--|----------------------------------|
| | | | - | | | | | 012 |
| | 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 i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing give the station | y the sys be recein to the Co sign of the the static ion's sig g a check n's locati | I-Band FM Carriage: Under of stem whenever it is received a wed 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 the the community with which the | at the system's he system's FM ante this point, see pa sed by the cable s ne station is licens | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st eneral i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| 0411 01511 | AN/ | 0.15 | | | | o /= | | |
| 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 | | | | | 61269 |
| | SUBSTITUTE CARRIAGE | : SPECIA | | NT AND PROGRAM LO | 3 | | | |
| I I | In General: In space I, identi | | | | - | on that your ca | ahle svstei | m carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMENT | | NING SUBST | TITUTE CARRIAGE | | | | |
| Special | During the accounting period | od, did you | r cable system | carry, on a substitute basi | s, any nonnet | work televisior | n program | 1 |
| Statement and Program Log | broadcast by a distant stat | tion? | | | | | YES | × NO |
| Program Log | Notes If your enourses in "No? | | | a blank. Kurunanauna in 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 | e progran | n |
| | log in block 2. | | MC | | | | | |
| | 2. LOG OF SUBSTITUTE In General: List each subst | | | te line. Use abbreviations v | wherever nos | sible if their m | eaning is | |
| | clear. If you need more spa | | | | | | cuning io | |
| | Column 1: Give the title | of every no | nnetwork televi | sion program ("substitute | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, reg Do not use general categori | gulations, o es like "mo | r authorizations vies" or "baske | s. See page (v) of the gene thall " List specific program | titles for ex | ns for further in | formation | 1. |
| | "NBA Basketball: 76ers vs. | | | toall. List speeline program | | | Lucy of | |
| | | | dcast live, ente | r "Yes." Otherwise enter "N | lo." | | | |
| | | | | sting the substitute progra | | | | |
| | the case of Mexican or Can | | | e community to which the | | | C or, in | |
| | | | | tem carried the substitute | | | n the mon | ith |
| | first. Example: for May 7 giv | | , , | · | 0 | - | | |
| | | | | gram was carried by your o | | | | У |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | a program carrie | ed by a system from 6:01: | 5 p.m. to 6:2 | 8:30 p.m. snou | ild be | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system wa | s required | d |
| | to delete under FCC rules a | nd regulation | ons in effect du | ring the accounting period | enter the let | ter "P" if the list | ted progra | |
| | was substituted for program | ming that y | our system wa | s permitted to delete unde | FCC rules a | nd regulations | in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHE | N SUBSTITU | TE | |
| | S | UBSTITUT | E PROGRAM | | | AGE OCCUR | | 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. TIME FROM — | ES TO | DELETION |
| | | 100 01 110 | | | 7410 0711 | - THOM | 10 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | | | _ | | |
| | | | 1 | | | _ | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | | | _ | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | |] | | | _ | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | | | _ | | |
| | | | | | | | | |
| | | | | | | | | |

| Accounting Period: | 2017/2 | FORM SA | 1-2E. PAGE 6. |
|-------------------------------|---|---------------------------------|--------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID# 61269 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | mission servic s amount, see | e 5,386.98 |
| 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 Due | 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# 61269 |
| 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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services . | 6 24 |
| 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)] 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) | 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 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

| Inting Period: 2017/2 | FORM SA1-2E. PAGE |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| UEL COMMUNICATIONS LLC | 6120 |
| 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? | P Special Statemen Concerning Gross Receipts Exclusio |
| X NO | |
| YES. Enter the total here and list the satellite carrier(s) below | _ |
| Name Name Mailing Address Mailing Address | |
| | |
| INTEREST ASSESSMENT | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| | |
| Line 1 Enter the amount of late payment or undernayment | Interest Assessme |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessme |
| x | Interest Assessme |
| | Interest Assessme |
| x | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |

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.