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

for Secondary Transmissions by Cable Systems (Short Form) DATE RECEIVED AMOUNT General instructions are located in the first tab of this workbook 02/28/2018 \$	STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
02/28/2018		DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
		02/28/2018	ALLOCATION NUMBER	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.	62995
		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 as 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:	
		WILLIAM S KEY 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#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "c	62995
Р	"a separate and distinct community or municipal entity (including unincorpo	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	at you list will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future fi	
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	FORT SUPPLY	OK
Community	(WILLIAM S KEY CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							6299
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIP		TES				
E	In General: The information in s			-	-	y transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose exist	ing on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular serv	ice at the rate in	ndicated	l-not the num	ber of set	s receiving servi	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iy standai	rd rate variations	s within a p	particular rate	
	Block 1: In the left-hand block				es of sec	ondarv transmis	sion servio	ce 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					in the count un	der "Servio	ce to the	
	Block 2: If your cable system I					service that are	different fi	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or thre	e-word descripti	on of the s	service is	
	sufficient.	DCK 1					BLOC	<i>(</i>)	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential: Service to first set		0						
			0	- 0					
	Service to additional set(s)		U I	U					
	• FM radio (if separate rate)								
	Motel, hotel Commercial		12	44.80					
			12	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5				
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	rate column.	-	-		-		0 /	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				ineu. List			e lonn or a	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	Continuing Services.		• Mot	el, hotel					
	Pay cable	-		moroial					1
	-	-	 Con 	Intercial					
	• Pay cable	- -		cable					
	Pay cable Pay cable—add'l channel		• Pay		annel				
	 Pay cable Pay cable—add'l channel Fire protection 		• Pay • Pay	cable	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	- - - -	• Pay • Pay • Fire	cable cable-add'l ch	annel				
	Pay cable Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential		• Pay • Pay • Fire • Burg	cable cable-add'l ch protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Pay • Fire • Burg	cable cable-add'l ch protection glar protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burg Other s • Rec	cable cable-add'l ch protection glar protection ervices:	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burg Other s • Rec • Disc	cable cable-add'l ch protection glar protection ervices: onnect	annel				

N	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		62
	PRIMARY TRANSMITTERS:	TELEVISION		
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 r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii 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 eacl educational station, by entu (for independent multicast) For the meaning of these to Column 4: Give the location	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 he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КОСО-АВС	7	N	OKLAHOMA CITY, OK
	KETA-PBS	13	E	OKLAHOMA CITY, OK
ows as Necessary	KSBI-MNT	23	l	OKLAHOMA CITY, OK
	KOKH-FOX	24		OKLAHOMA CITY, OK
	KOKH-FOX KFOR-NBC	24 27		OKLAHOMA CITY, OK OKLAHOMA CITY, OK
			N I	
	KFOR-NBC KTUZ-TMO	27 29	I N I	OKLAHOMA CITY, OK SHAWNEE, OK
	KFOR-NBC KTUZ-TMO KOCB-CW	27 29 33	I N I I	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV	27 29 33 35	I I I N	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS	27 29 33 35 39	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS	27 29 33 35 39	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
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	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KFOR-NBC KTUZ-TMO KOCB-CW KUOK-UNV KWTV-CBS KAUT-IND	27 29 33 35 39 40	 	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK

EGAL NAME O								SYSTEM II 629
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Sive the station	y the sys be recein the Co I sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under or 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 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 licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0.0				2.2		
		·						
						· · · · · · · · · · · · · · · · · · ·		

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 L	LC					62995
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	G			
I I	In General: In space I, identi				-	ion that your c	ahle svste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the p	aper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>isio</u>	<u>n</u> program	<u>1</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	' leave the	rest of this nac	e blank. If your answer is '	Yee " vou mi	ist complete th	-	
		, leave life	rest of this pag	e blank. Il your answer is	res, you mu		ie prograi	
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa					,	J	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	es like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love	Lucv [®] or	1.
	"NBA Basketball: 76ers vs.	Bulls."				, , , , , , , , , , , , , , , , , , ,) -	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the F(CC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute p	orogram. Use	numerals, with	h the mon	ith
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		i program cam		15 p.m. to 0.2	0.00 p.m. 3000		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations	s in	
						N SUBSTITU		
	S		E PROGRAM			AGE OCCUR		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMI FROM —	ES TO	5222.000
						_		
						_		
						_		
						_		
						_		
						<u></u>		
						_		
						_		
						_		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 62995
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 services amount, see	e 2,895.00
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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID 6299
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	You must give (1) the number of channels on which the cable system ca rs, and (2) the cable system's total number of activated channels during al number of channels on which the cable d television broadcast stations	g the accounting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify about this statement of account.)	fy an individual to whom
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	I, the undersig (Ow (Age X (Of I have examinare true, comp	A (This statement of account must be certified and signed in accordance ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system of owner other than corporation or partnership) I am the duly authorize n line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all tete, and correct to the best of my knowledge, information, and belief, and are tion 1001(1986)] X /s/ Michael Schreiber	ystem as identified in line 1 of space B; or ized agent of the owner of the cable system as identified r nip) of the legal entity identified as owner of the cable system Il statements of fact contained herein
		Enter an electronic signature on the line ab Enter signature using an "/s/ signature" (e.	
		Typed or printed name: MICHAEL SCHREIBEI	R
		Title: EVP, CHIEF CONTENT OFFIC (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 I
UEL COMMUNICATIONS LLC	6299
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 Statement Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
	n
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
Tor an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAT-2 form.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	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
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