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 COPYRIG | HT OFFICE USE ONLY | Return completed workboo 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 | |
| Accounting Period | | 20172 Barcode Data Filing Period (optional - see instructions) | |
| | | 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 sulte number) | |
| | | TYLER, TX 75701 (City, town, state, zip) | |
| | INIOT | | |
| 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 | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | I | MONTANA STATE PRISON | |
| | | 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 suffciency 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 | 63044 |
| D | Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th | rated communities within unincorporated areas and including single, 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 Note: Entities and properties such as hotels, apartments, condominiums, or | |
| Area | identified city. | mobile nome parks should be reported in parentneses below the |
| Served | inclution of the second s | |
| | | |
| First | CITY OR TOWN DEER LODGE | STATE MT |
| Community | (MONTANA STATE PRISON) | |
| | | |
| Add Rows as Necessary | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | | | | | | FORM SA1 | |
|---------------------------|---|-------------------|----------|-----------------------------------|---------------|-------------------|--------------|----------------|----------------|
| Name | LEGAL NAME OF OWNER OF C | | | | | | | 515 | TEM ID 6304 |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 0304 |
| - | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND RA | ATES | | | | |
| E | In General: The information in s | | | | | | | | |
| <u> </u> | system, that is, the retransmission | | | | | | | | |
| Secondary Transmission | about other services (including p last day of the accounting period | | | | | | nose existi | ng on the | |
| Service: Sub- | Number of Subscribers: Both | | | | | | le system | broken | |
| scribers and | down by categories of secondary | | | | | | | | |
| Rates | each category by counting the n | | | | | | | | |
| | 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 standar | | s within a p | | |
| | Block 1: In the left-hand block | | | | ies of seco | ondary transmis | sion servic | e that cable | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Note | | | | | | | | |
| | categories, that person or entity | | | | | | | | |
| | subscriber who pays extra for ca | | | | | in the count un | der "Servic | e to the | |
| | first set" and would be counted or Block 2: If your cable system I | | | | | service that are | different fr | om those | |
| | printed in block 1 (for example, ti | | | | | | | | |
| | with the number of subscribers a | | | | | | | | |
| | sufficient. | | | | | | DI OOI | () | |
| | BLU | OCK 1 NO. OF | | | | | BLOCK | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CAT | EGORY OF SEF | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 0 | - | | | | | |
| | Service to additional set(s) | | 0 | 0 | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 37 | 41.89 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | \$ | | | • | |
| - | In General: Space F calls for rat | - | | | - | l your cable syst | em's servi | ces that were | |
| F | not covered in space E, that is, the | hose services tl | hat are | not offered in a | combinatio | n with any seco | ndary trans | smission | |
| . . | service for a single fee. There ar | • | | | • | | • • • | | |
| Services Other Than | furnished at cost or (2) services | | | | | | | | |
| Secondary | amount of the charge and the un enter only the letters "PP" in the | | usualiy | Dilleu. Il ally la | lites are cri | algeu oll a valla | ible bei-bi | ograffi basis, | |
| Transmissions: | Block 1: Give the standard rat | | ne cable | e 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 | | | | shed. List | these other serv | ices in the | form of a | |
| | brief (two- or three-word) descrip | otion and include | e the ra | ite for each. | | | 1 | | |
| | | BLOC | | | | DATE | 0.175.0 | BLOCK 2 | |
| | CATEGORY OF SERVICE Continuing Services: | | | BORY OF SER ation: Non-res | | RATE | CATEGO | ORY OF SERVICE | RATE |
| | Pay cable | _ | | tel, hotel | lacintiai | | | | |
| | Pay cable—add'l channel | _ | | nmercial | | | | | |
| | • Fire protection | | | / cable | | | | | |
| | •Burglar protection | | | / cable-add'l ch | annel | | | | |
| | Installation: Residential | | - | protection | | | | | |
| | | | | • | | | | | |
| | First set Additional set(s) | - | | glar protection | | | | | |
| | Additional set(s) EM radio (if concrete rate) | - | | services: | | | | | |
| | • FM radio (if separate rate) | | | connect | | - | | | |
| | Converter | | | connect | | | | | |
| | | | • Out | | | | | | |
| | | | | tlet relocation ve to new addr | | - | | | |

| counting Period: 2 | 2017/2 | | | FORM SA1-2E. PAGE 3 |
|---|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM ID# |
| | CEQUEL COMMUNIC | | | 63044 |
| G Primary Transmitters: Television | carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location | entify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: a substitute basis. also in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations s's call sign. <i>Do not</i> report origination if with a station according to its over-th | arried by your cable system on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i | me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KTVM-NBC | 6 | N | BUTTE, MT |
| | KUSM-PBS | 8 | E | BOZEMAN, MT |
| ws as Necessary | KBZK-CBS | 7 | N | BOZEMAN, MT |
| | KWYB-ABC | 19 | N | BUTTE, MT |
| | KBTZ-FOX | 24 | I | BUTTE, MT |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| EGAL NAME O | | | | | | | | SYSTEM ID 6304 |
|--|--|--|---|--|---|--|--|-----------------------------------|
| | | | | | | | | |
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of For detailed inf baper SA1-2 fo Column 1: I Column 2: S Column 3: I ignal, indicate Column 4: C |) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Give the station | y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati | I-Band FM Carriage: Under (item whenever it is received a wed 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 the | at the system's he system's FM anter this point, see pa sed by the cable so he 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 jeneral i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters: Radio |
| | • | - | the community with which the | | | 0.0 | | |
| 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 | | | | | F | ORM SA1-2E. PAGE 5. |
|------------------------------|---|------------------------------|-------------------------------------|--|---------------------|-------------------------------|---------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | 63044 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | | G | | |
| I I | In General: In space I, identi | | | | • | ion that your cable s | vstem carried on a |
| • | substitute basis during the a | | | | | | |
| Substitute | explanation of the programm | ing that mus | t be included in | this log, see page (v) of the | e general instr | uctions in the paper S | SA1-2 form. |
| 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 telev <u>ision</u> prog | jram |
| Statement and Program Log | broadcast by a distant stat | tion? | | | | YES | |
| Frogram Log | Note: If your answer is "No' | ' loovo tho | root of this pag | a blank. If your anowar in ' | | | |
| | - | , leave the | rest of this pag | e blank. Il your answer is | res, you mu | ist complete the proj | gram |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible if their meanin | a is |
| | clear. If you need more spa | | | | interer pee | | 9.0 |
| | | | | sion program ("substitute | | | |
| | period, was broadcast by a | | | | | | |
| | under certain FCC rules, re Do not use general categor | gulations, o ies like "mo | r authorizations vies" or "baske | s. See page (v) of the gene thall " List specific program | titles for ex | ample "I I ove I ucy" | ation. ' or |
| | "NBA Basketball: 76ers vs. | | | | | | |
| | | | | "Yes." Otherwise enter "N | | | |
| | | | | sting the substitute progra | | need by the FCC or | in |
| | 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 | month |
| | first. Example: for May 7 giv | /e "5/7." | | | - | | |
| | | | | gram was carried by your | | | |
| | 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 | mming that y | our system was req | uired |
| | to delete under FCC rules a | ind regulation | ons in effect du | ring the accounting period | ; enter the let | ter "P" if the listed p | |
| | 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 | | CARRI | AGE OCCURRED | |
| | 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 |
| | | 100 01 110 | ONEE OIGH | | THE BITT | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | — | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |

| Accounting Period: | 2017/2 | FORM SA | 1-2E. PAGE 6. |
|-------------------------------|---|---------------------------------|---------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | 43044 **** |
| 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 9,360.00 |
| 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: | | | | | SYSTEM ID# 63044 |
| M Channels | to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the | You must give (1) the number c ers, and (2) the cable system's t al number of channels on which ed television broadcast stations tal number of activated channel cable system carried television dcast services | total number h the cable s broadcast s | of activated channels durin | ng the a | ccounting period. | 5 |
| N Individual to Be Contacted | | O BE CONTACTED IF FURTH t about this statement of accourt | | IATION IS NEEDED (Iden | tify an in | dividual to whom | |
| for Further Information | Name | SARAH BOGUE | | | | Telephone | <u>(903) 579-3121</u> |
| | Address | 3015 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip) | | number) | | | |
| | Email | SARAH.BOGU | E@ALTICE | USA.COM | | Fax (optional) | |
| O Certification | I, the undersig (Own (Age i X (Off i i I have examinare true, completee | N (This statement of account m ned, hereby certify that (Check or ner other than corporation or p ent of owner other than corpora n line 1 of space B and that the o icer or partner) I am an officer (i n line 1 of space B. ed the statement of account and l ete, and correct to the best of my tion 1001(1986)] | ne, <i>but only o</i> artnership) I ation or partr owner is not a if a corporatio hereby declar knowledge, i | am the owner of the cable s hership) I am the duly autho corporation or partnership; on) or a partner (if a partners re under penalty of law that a information, and belief, and a | system a orized age or ship) of th all staten are made | s identified in line 1 of space f ent of the owner of the cable s ne legal entity identified as own nents of fact contained herein | 3; or ystem as identified |
| | | | Enter an ele | s/ Michael Schreiber ectronic signature on the line cure using an "/s/ signature" (| above to | | - |
| | | Typed or printed | d name: | MICHAEL SCHREIBI | ER | | |
| | | Title: (Title of c | | HEF CONTENT OFF 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

| counting Period: 2017/2 | | FORM SA1-2E. PAGE |
|---|--|--|
| GAL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM I |
| QUEL COMMUNICATIONS LLC | | 6304 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUT. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmit scribers and amounts collected from subscribers receiving secondary trans For more information on when to exclude these amounts, see the note on page (vilocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross | the Copyright Act by adding the fol- I to the cable system for the basic ters, the system shall not include sub- missions pursuant to section 119." i) of the general instructions | P Special Statement Concerning Gross Receipts Exclusion |
| made by satellite carriers to satellite dish owners? | | |
| YES. Enter the total here and list the satellite carrier(s) below. | \$ | |
| Name Mailing Address Mailing Address | | |
| | | |
| INTEREST ASSESSMENT | | |
| Very must complete this worksheet for these revelty nerments submitted as a resu | It of a late neumant or underneument | |
| You must complete this worksheet for those royalty payments submitted as a resu For an explanation of interest assessment, see page (viii) of the general instruction | | Q |
| For an explanation of interest assessment, see page (viii) of the general instruction | ns located in the paper SA1-2 form. | Q Interest Assessme |
| | ns located in the paper SA1-2 form. | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | ns located in the paper SA1-2 form. | Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instruction | x | Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | x days | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | x days | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | Ins located in the paper SA1-2 form. x x x x x x | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | Ins located in the paper SA1-2 form. | Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | Ins located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | x 0.00274 | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | As located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | As located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | As located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | As located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | As located in the paper SA1-2 form. | Q 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.