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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/29/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20181 Barcode Data Filing Period (optional - see instructions)
Accounting 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 these is 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:
	'	MONAHANS, 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 fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0036
	Instructions: List each separate community served by the cable system. A "com-	munity" is the same as a "community unit" as defined in FCC rule
D	"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	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MONAHANS	TX
Community	THORNTONVILLE	TX
	WARD COUNTY(PORTION)	TX
Rows as Necessary		

Accounting Period: 2018/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003698

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CEQUEL COMMUNICATIONS LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF	RATE	CATEGORY OF SERVICE	NO. OF	RATE
	SUBSCRIBERS	KAIE	CATEGORT OF SERVICE	SUBSCRIBERS	RAIL
Residential:					
Service to first set	425	29.99			
 Service to additional set(s) 	216	0			
FM radio (if separate rate)					
Motel, hotel					
Commercial	51	29.99			
Converter					
Residential					
Non-residential					
		1		1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	17.00	Motel, hotel			
 Pay cable—add'l channel 	19.00	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	40.00	Burglar protection			
 Additional set(s) 	25.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	40.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 003698

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMID	26	N	MIDLAND, TX
KMLM	42	l	ODESSA, TX
KOSA-TV	7	N	ODESSA, TX
KPBT-TV	38	E	ODESSA, TX
KPEJ-TV	23		ODESSA, TX
KTLE-TELEMUNDO	20	I-M	ODESSA, TX
KUPB	18	I	MIDLAND, TX
KWES-TV	9	N	ODESSA, TX
	•		
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

003698

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
	 	 					
	 	 	 				
							
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Accounting Perio	d: 2018/1 LEGAL NAME OF OWNER OF	ARI E SVST	ΓΕM:				FOR	SYSTEM ID#
Name	CEQUEL COMMUNICA							003698
Substitute Carriage: Special Statement and Program Log	CEQUEL COMMUNICA SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call second Column 4: Give the broad the case of Mexican or Cance Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter contains the column 7: Enter the letter column 6: Column 7: Enter the letter column 7: Enter the letter column 6: Column	fy every nor occupanting peng that must CONCER od, did you ion? I leave the PROGRA tute prograce, please a of every nor distant static gulations, o es like "mor Bulls." I was broade sign of the sed cast static addian static addian static estample: a sex when the example: a	AL STATEMEI Innetwork televis eriod, under spec et be included in ENING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that yo r authorizations vies" or "baske deast live, enter estation broadca on's location (the ns, if any, the of when your system established the system substitute pro- program carrier	sion program, broadcast be ecific present and former For this log, see page (v) of the program, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. Is is is program ("substitute ur cable system substitutes. See page (v) of the get thall." List specific program of "Yes." Otherwise enter the substitute program the substitute program to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01	by a distant star CC rules, regulate the general instructions wherever poster program") the ded for the program. The station is lice at station is lice at program. Use a program. Use a cable system in to 6:2	lations, or au ructions in the ructions at complete at, during the ructions for further ructions for further ructions. The ructions are ructions at the ructions at the ruction of the ruction of the ructions at the ruction of the r	withorizations. e paper SA1 sion program YES e the program r meaning is e accounting another sta er information eve Lucy" or e FCC or, in with the mones accurate thould be	em carried on a For a further -2 form. NO m S S S tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du our system wa	ring the accounting perions permitted to delete und	ed; enter the le der FCC rules a WHI CARR	tter "P" if the and regulation EN SUBSTI	e listed progr ons in	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO	
							<u> </u>	
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:					YSTEM II
Name	CEQUEL COMMUNICATIONS LLC					00369
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space det all amounts (gross receipts) paid to your cable sys (as identified in space E) during the accounting pe page (vii) of the general instructions located in the Gross receipts from subscribers for secondary during the accounting period	tem by subscribers for the riod. For a further explana paper SA1-2 form. y transmission service(s)	e system's tion of hov	secondary trans v to compute th	smission services amount, see	e
	IMPORTANT: You must complete a statement in s				(Amount of gro	•
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 Use block 2 if the amount of gross receipts in space Use block 3 if the amount of gross receipts in space page (vi) of the general instructions located in the	ce K is more than \$137,10 ce K is more than \$263,80	0 but less	than \$527,600	\$263,800	
	BLOCK 1: GR	OSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of accounting period is \$52.00	\$137,100 or less, the royal	Ity fee that	you must pay for	this six-month	
	Line 1. Royalty fee for accounting period					
	Line 2. Interest charge. Enter the amount from line 4					0.00
		,				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACC				-	
	BLOCK 2. GROSS RECEIP 1. Base amount under statutory formula	· · · · ·	,		,	
	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 .				147,992.45	
	5. Enter the amount from line 3			. \$	115,807.55	
	6. Subtract line 5 from line 4			\$	32,184.90	
	7. Multiply line 6 by .005 (enter figure here)				\$	160.92
	8. Interest charge. Enter the amount from line 4, spa	ce Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	NTING PERIOD. Add lines	7 and 8		\$	160.92
	BLOCK 3: GROSS RECEIPT	S OF MORE THAN \$26	3,800 (but	t less than \$52	7,600)	
	Enter the amount of gross receipts from space K .				_	
	2. Base amount under statutory formula		\$	263,800.00	_	
	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, spa	ce Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	NTING PERIOD. Add lines	4, 5, and 6			
	FILING FEE AND T	OTAL REMITTANCE DI	JE			
Filing Foo and						
Filing Fee and Fotal Remittance Due	Royalty Fee Payable for Accounting Period (from E	Block 1, 2, or 3, above)		\$	160.92	
Due	2. Filing Fee (See the instructions for more information	on on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERI	IOD. Add lines 2 and 3			\$	180.92
	Important: Your remittance must be in the			_		hts!
	See page i of the general inst	tructions in the paper SA	1-2 form fo	r more informa	tion.	

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Name	CEQUEL COMMUNICA																																																																																									S	Y	/\$)#
M Channels	CHANNELS Instructions: You must to its subscribers, and (2 1. Enter the total number system carried television 2. Enter the total number on which the cable system and nonbroadcast service.	the cable system's to of channels on which on broadcast stations. of activated channels tem carried television	otal numl the cab s broadcas	able	nbe ble 	ole	nbe	ole	ıbı	ole as	b Ie		e t	2	er	er s	er	t	t	o	of at	f a	ac or	cti 	iva	a .	at			e		d.	d	t .	1					h	18				el	3		ır	in			th.	e a	ас 				in	nt	tiı	in	ng	9	р	Э	eri	od	d.			ati	or 	ns													8	2									
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about this			FOR	OR	OR	OF	OF	ЭF	0	וכ	2	R	21	RI	•	2 N	V	1	Λ.	A	\1	ΓIC	0	N	11	ľ	5	s	S	;		1	N	N	4	N	E	E	=1	E	:[ס	E	D	(1	de	er	nti	if	fy	а	n i	inc	vib	vi	id	dı	u	ıa	al	Ιt	to	0	W	vh	on	n																												
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O Certification	• I, the undersigned, hereb	y certify that (Check or	ne, but on	only	nly	nly	nly	nly	ıly	nl	ıl	,	V 1	(′ (C	0	DI	r	n	16	Э,	O	of	th	ne	е	!	ŀ	b	b)(oc	0	0))	x	X	Œ	9:	s	.)	,																																																					
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		er other than corporate space B and that the over																																																		ed	aç	ge	nt	t d	of	f	t	th	16	е	0	OV	W	ne	er o	of	th	e d	cal	ble	e s	sys	ste	em	n a	as	id	er	nti	fie	ed	I												
	X (Officer or par in line 1 of	rtner) I am an officer (if space B.	f a corpor	orati	orati	rat	rat	ra	ra	ra	a	ti	ıti	i	tic	ic	io	DI	r	n	1)) (or	а	ı p	pa	а	ır	rl	rtı	tr	n	n	16	16	e	е	19	r	((i	f	а	ŗ	oa	rt	ıe	r	sh	ni	ip) (of t	the	e l	le	g	ga	a	ıl	e	er	nt	tit	ty	/ ic	dei	nti	ifie	ed	as	6 0	w	ne	ro	of	th	ne	ca	abl	le	S	ys	ste	em	1										
	I have examined the state are true, complete, and co [18 U.S.C., Section 1001(rrect to the best of my																																																																	nt	tair	ne	d I	he	re	ein																							
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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

ccounting Period: 2018/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	003698
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 Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served Accounting period	
Accounting period	

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