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

Return completed workbook by email to:

## coplicsoa@loc.gov

or additional information, ontact the U.S. Copyright Office Licensing Division at: rel: (202) 707-8150

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGH	IT OFFICE USE ONLY	7
DATE RECEIVED	AMOUNT	
	\$	
8/29/2018	ALLOCATION NUMBER	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20181 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.	004257
		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)	
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	ALBANY, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
•			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004257
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ALBANY	TX
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							00425
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period						1	hard to a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate ir	ndicated	-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	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 first set" and would be counted o					i în the count un	uer Servic		
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	right-ha	nd block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCH	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	000001102		TUTE	0,111				
	Service to first set		136	29.99					
	<ul> <li>Service to additional set(s)</li> </ul>		42	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		16	29.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								1
-	<b>In General:</b> Space F calls for rat	-				I your cable sys	em's servi	ices that were	
F	not covered in space E, that is, th	hose services th	nat are r	ot offered in c	ombinatio	on with any seco	ndary tran	smission	
0	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually t	nicu. n any ra		arged on a vane	ibic pei-pi	ogram basis,	
ransmissions:									
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sneu. List	these other serv	ices in the	i lorm or a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-res					
	Pay cable	19.00	• Mote	el, hotel					
	Pay cable—add'l channel	-	• Corr	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	1	40.00	• Burg	lar protection					
	First set	40.00	-						T
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other s	ervices:					
				ervices: onnect		40.00			
	<ul> <li>Additional set(s)</li> </ul>		• Rec			40.00			
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		• Rec • Disc	onnect		40.00 25.00			

me	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			004257
G nary nitters: <i>v</i> ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, With <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried n 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-tin he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	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 endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KIDZ-LD	42		ABILENE. TX
	KIDZ-LD KPCB	42		ABILENE, TX SNYDER, TX
sary			I N	
sary	КРСВ	17	-	SNYDER, TX
sary	KPCB KRBC-TV	17 29	N	SNYDER, TX ABILENE, TX
sary	KPCB KRBC-TV KRMA	17 29 18	N E	SNYDER, TX ABILENE, TX DENVER, CO
sary	KPCB KRBC-TV KRMA KTAB-TV	17 29 18 24	N E N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX
ary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW	17 29 18 24 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX
ssary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
issary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
essary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
essary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
essary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
cessary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
ecessary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
ecessary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
ccessary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
cessary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
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lecessary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX
lecessary	KPCB KRBC-TV KRMA KTAB-TV KTXS-CW KTXS-TV	17 29 18 24 20 20	N E N I-M	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX

EGAL NAME O								SYSTEM I 0042
	NSMITTERS	RADIO						
n General: Lis	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 info aper SA1-2 fo <b>Column 1:</b> I	it is carried b monitoring, to ormation abou rm. dentify the cal	y the sys be recein at the Co	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried.	it the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: li ignal, indicate	the radio stat	tion's sig g a checl	on is AM or FM. nal was electronically process < mark in the "S/D" column.					
			on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		5/0	LOCATION OF STATION	GALL SIGN		3/D	LOCATION OF STATION	
	<b></b>	<b> </b>						
					·	 		

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					004257
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	- a <i>distant</i> stati	ion that your	· cable syste	m 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	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	a blank. If your anowar is '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more spa						iniouring io	
				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 ov	r informatior /e Lucy" or	1.
	"NBA Basketball: 76ers vs.					umpio, 1 201		
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the	FCC or in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, v	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCL	JRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM -	IMES — TO	DELETION
		103 01 100	ONEE OIGH	4. 01/1101/0 200/1101		TROM	10	
						-		
						-	_	
						-	_	
						-	_	
							_	
						-	_	
							_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 004257
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 servic s amount, see	e 5,469.00
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	<u> </u>	
	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:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 004257
<b>M</b> Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         on which the cable system carried television broadcast stations and nonbroadcast services .	8 58
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted 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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(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</li> <li>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.</li> <li>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)]</li> </ul>	stem as identified
	Typed or printed name:       ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2018	

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: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0042
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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