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 COPYRIGE | IT OFFICE USE ONLY | Return completed workbook by email to: |
|--|---------------|--------------------|--|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | <u>coplicsoa@loc.gov</u> For additional information. |
| General instructions are located in the first tab of this workbook | 8/29/2018 | 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)) |
|----------------------|------|---|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | | 2018/1 |
| | | 20181 Barcode Data Filing Period (optional - see instructions) |
| Accounting Period | | |
| | | 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 suite number) |
| | | TYLER, TX 75701 (City, town, state, zip) |
| | INST | 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 space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: |
| | | PICKAWAY CORRECTIONAL FACILITY |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | |
| | | (City, town, state, zip code) |
| r | | |

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.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SA1-2E. PAGE 1b SYSTEM ID# |
|-----------------------|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | 063626 |
| D Area | Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or | ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings. |
| Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | ORIENT | ОН |
| Community | (PICKAWAY CORR) | |
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| Add Rows as Necessary | | |
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| | | | | | | | | FORM SA1 | |
|---------------------------|---|-------------------|---------|-----------------|--------------|-------------------|---------------|---------------------------|--------|
| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | | TEM ID |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 06362 |
| - | SECONDARY TRANSMISSION | SERVICE: SUE | BSCRI | BERS AND RA | ATES | | | | |
| E | In General: The information in s | | | | | | | | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary Transmission | about other services (including p | | | | | | nose existii | ng on the | |
| Service: Sub- | last day of the accounting period 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 | d rate variations | s within a p | articular rate | |
| | Block 1: In the left-hand block | | | | ies of seco | ondary transmis | sion service | e that cable | |
| | systems most commonly provide | to their subscri | bers. G | Bive the number | er of subsc | ribers and rate f | or each list | ed category | |
| | 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 "Servic | e to the | |
| | Block 2: If your cable system I | | | | | service that are | different fro | om those | |
| | printed in block 1 (for example, the | | | | | | | | |
| | with the number of subscribers a | ind rates, in the | right-h | and block. A tw | vo- or three | e-word descripti | on of the se | ervice is | |
| | sufficient. | | | | [| | | 0 | |
| | BLU | OCK 1 NO. OF | | | | | BLOCK | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CATE | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 0 | - | | | | | |
| | Service to additional set(s) | | 0 | 0 | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 45 | 39.33 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | ISMIS | SIONS: RATE | s | | | | |
| - | In General: Space F calls for rat | - | | | | l your cable sys | tem's servi | ces that were | |
| F | not covered in space E, that is, t | | | | | | | | |
| Services | service for a single fee. There ar | • | | | • | | • • • | | |
| Other Than | furnished at cost or (2) services amount of the charge and the un | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | ouuny | | | | | gram baolo, | |
| Transmissions: | Block 1: Give the standard rat | | | | | | | | |
| Rates | Block 2: List any services that | | | | | | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip | | | | sned. List | inese other serv | lices in the | form of a | |
| | | | | | | | | | |
| | CATEGORY OF SERVICE | BLOC RATE | | ORY OF SER | | RATE | CATECO | BLOCK 2 DRY OF SERVICE | RATE |
| | Continuing Services: | | | tion: Non-res | | NATE | CATEGO | DRT OF SERVICE | NATE |
| | Pay cable | | | el, hotel | laonnai | | | | |
| | • Pay cable—add'l channel | _ | | nmercial | | | | | |
| | • Fire protection | | | v cable | | | | | |
| | •Burglar protection | | | cable-add'l ch | annel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | First set | _ | | glar protection | | | | | |
| | Additional set(s) | | | services: | | | | | |
| | | - | | connect | | | | | |
| | FM radio (if separate rate) Converter | | | | | - | | | |
| | - Converter | | | connect | | | | | |
| | 1 | | • Out | let relocation | | - | | | 1 |
| | | | | ve to new addr | | | | | |

| ccounting Period: | 2018/1 | | | FORM SA1-2E. PAGE 3. |
|--|---|--|--|---|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# |
| Name | CEQUEL COMMUNIC | ATIONS LLC | | 063626 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G Primary ransmitters: Television | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location | Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the | t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a subs he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for independent station in the paper SA1-2 form. t the community to which the station is | me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | W23BZ-Bounce | 23 | I | COLUMBUS, OH |
| | WBNS-TV | 21 | Ν | COLUMBUS, OH |
| s as Necessary | WCMH-Me | 14 | I-M | COLUMBUS, OH |
| | WCMH-NBC | 14 | N | COLUMBUS, OH |
| | WOSU-PBS | 38 | E | COLUMBUS, OH |
| | WSYX | 48 | N | COLUMBUS, OH |
| | WTTE-FOX | 36 | I | COLUMBUS, OH |
| | WHO-Grit | 46 | | CHILLICOTHE, OH |
| | WWHO-GIR | 40 | I | |
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| EGAL NAME OF | | | | | | | | SYSTEM I 0636 |
|---|--|--|--|---|--|--|---|----------------------------------|
| | t every radio s | station ca | arried on a separate and discre nerally receivable by your cab | | | | | Н |
| eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station | y the sys be recein to the Co sign of the the static ion's sig g a check n's locati | I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the | t the system's he system's FM ante his point, see pa ed by the cable s he station is licent | adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC | ertain st ertain st eneral in eparate | be expected, ated intervals. Instructions in the. | Primary Transmitters Radio |
| | AM or FM | 0/D | | CALL SIGN | AM or EM | e/D | | |
| CALL SIGN | AIVI OF FIM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2018/1 | | | | | | FORM SA1-2E. PAGE 5. |
|--------------------------|--|--------------|-------------------|--|-----------------|------------------------------|----------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | 063626 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LOO | 3 | | |
| I I | In General: In space I, identi | | | | - | ion that your cable | system 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 paper | SA1-2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBST | 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>ision</u> pro | ogram |
| Program Log | broadcast by a distant sta | tion? | | | | YE | |
| i rogiani 20g | Note: If your answer is "No' | leave the | rest of this nad | e blank. If your answer is ' | Yes " vou mi | | |
| | | , leave the | rest of this pag | | res, you me | | ogram |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible, if their meani | ing is |
| | clear. If you need more spa | ce, please a | add additional r | ows to the tables. | | | - |
| | | | | sion program ("substitute p | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | |
| | Do not use general categori | es like "mo | vies" or "baske | tball." List specific program | titles, for exa | ample, "I Love Lucy | y" or |
| | "NBA Basketball: 76ers vs. | | | | | | |
| | | | | r "Yes." Otherwise enter "N sting the substitute progra | | | |
| | | | | e community to which the | | nsed by the FCC o | or, in |
| | the case of Mexican or Can | adian static | ons, if any, the | community with which the | station is iden | ntified). | |
| | | | when your sys | tem carried the substitute p | orogram. Use | numerals, with the | e month |
| | first. Example: for May 7 giv | | substitute pro | gram was carried by your o | ahla evetam | List the times acc | urately |
| | to the nearest five minutes. | | | | | | |
| | stated as "6:00–6:30 p.m." | | | | | | |
| | | | | was substituted for progra | | | |
| | to delete under FCC rules a was substituted for program | | | | | | brogram |
| | effect on October 19, 1976. | | | | | | |
| | | | | | | | <u> </u> |
| | S | IIBSTITII | E PROGRAM | 1 | | N SUBSTITUTE | D 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TIMES | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — | ТО |
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| Accounting Period: | 2018/1 | FORM SA | 1-2E. PAGE 6. |
|-------------------------------|--|---------------------------------|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID# 063626 |
| 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),536.00 |
| 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 \$ 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, space Q, page 8 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| Filing Fee and | | | |
| Total Remittance Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Duc | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | 1 |
| | 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# 063626 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services | 8 26 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | Name SARAH BOGUE Telephone | (903) 579-3121 |
| | Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) | |
| | Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional) | |
| O Certification | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | rstem 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 |
| QUEL COMMUNICATIONS LLC | | 06362 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copy lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the c service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of the g located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? | right Act by adding the fol- able system for the basic system shall not include sub- s pursuant to section 119." general instructions | 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 | | |
| | | n l |
| | | |
| | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions located | | Q |
| For an explanation of interest assessment, see page (viii) of the general instructions located | | Q Interest Assessme |
| | | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment | d in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located | d in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment | d in the paper SA1-2 form. | Q Interest Assessme |
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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 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.

| C | Ca Wo | ble rksheet | Total amount of remittance | Number of SAs rec | 'd Initials |
|-------------------------------------|----------|-------------------------|-------------------------------|----------------------------|-----------------|
| | | | Date of remittance | Check EFT | FILING FEES |
| Cable ID # | | | | | Amount Initials |
| Examined by | | Reviewed by | Date examination completed | Allocation number | |
| Space A Accounting Period | | | | | |
| | Ja | nuary 1 - June 30, 2017 | [| July 1 - December 31, 2017 | |
| | Le | etter sent | [| Information received | |
| | Ac | cepted | [| Phone call/Date/Contact | |
| Space B Owner | | | | | |
| | Le | etter sent | | Information received | |
| | Ac | ccepted |] | Phone call/Date/Contact | |
| Space D Area Served | | | | | |
| | Le | etter sent | [| Information received | |
| | Ac | ccepted | [| Phone call/Date/Contact | |
| Space E Secondary Transission | | | | | |
| Service Subscribers: | Le | etter sent | [| Information received | |
| and Rates | □ Ac | cepted | [| Phone call/Date/Contact | |
| Space G Primary Transmitters: | | | | | |
| Television | Le | etter sent | [| Information received | |
| | Ac | ocepted | [| Phone call/Date/Contact | |
| Space H Primary Transmitters: | | | | | |
| Radio | Ac | ccepted | [| Phone call/Date/Contact | |

| | | Carriage |
|--|---|--|
| Letter sent | - Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space J |
| | | Part-time Carriage Log |
| ✓ Letter sent | | (SA3 only) |
| | | |
| Accepted | Phone call/Date/Contact | Snoco K |
| | | Space K Gross Receipts |
| | | |
| Letter sent | Information received | |
| Letter sent | Phone call/Date/Contact | |
| | | Space L Copyright Filing |
| | | and Royalty Fees |
| Royalty Fee should be | Refund request to fiscal | |
| Letter sent | Information received | |
| Accepted | Phoe call/Date/Contact | |
| | | Space M |
| | | Channels |
| | | |
| Letter sent | Information received | |
| Letter sent Accepted | Information received Phone call/Date/Contact | |
| | | Space O |
| | | Space O Certification |
| | | |
| Accepted | Phone call/Date/Contact | |
| Accepted | Phone call/Date/Contact Information received | Certification |
| Accepted | Phone call/Date/Contact Information received | Certification Certification Space P Statement of |
| Accepted | Phone call/Date/Contact Information received | Certification |
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| Accepted Accepted Letter sent Accepted Letter sent Accepted Accepted | Phone call/Date/Contact Information received Phone call/Date/Contact Information received Phone call/Date/Contact | Certification Certification Space P Statement of Gross Receipts Space Q Space Q |
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