This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 08/29/19 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	63343
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM ALABAMA INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		4001 RODNEY PARHAM	
		(Number, street, rural route, apartment, or suite number) LITTLE ROCK, AR 72212	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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 fling, a determination that would be made by a court of law.

Return completed workbook

NI-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WINDSTREAM ALABAMA INC	63343
D Area	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or m	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Served	identified city.	
	CITY OR TOWN	STATE
First	MOODY	AL
Community	ASHLEY MANOR	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	6334
Е	SECONDARY TRANSMISSION								
-	In General: The information in sp system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	er 31, as the ca	se may be			C C	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
Nates	separately for the particular servi							charged	
	Rate: Give the standard rate cl	harged for eac	h categ	ory of service. I	nclude bo	th the amount o	f the charg		
	unit in which it is generally billed.				ny standai	d rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block	in space F th	for adva e form l	ance payment. ists the categor	ies of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note	: Where an in	dividual	or organization	is receivi	ng service that f	alls under	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servi	ce to the	
	Block 2: If your cable system h					service that are	different f	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF	:				DLOOI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		70	54.00					
	Service to first set		70	54.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	5				
F	In General: Space F calls for rat	e (not subscrib	per) info	rmation with re-	spect to al	l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	19.00	• Mo	tel, hotel			PPV		P
	 Pay cable—add'l channel 		• Co	mmercial					
	Fire protection		•Pa	y cable					
	 Burglar protection 		• Pa	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set			rglar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
			• Ou	tlet relocation					
				ive to new addr					

· · - · · · ·	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	WINDSTREAM ALAB	SAMA INC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Insmitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ad with a station according to its over-the	arried by your cable system on a such check (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a such the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under tams [sections ations carried on a lostitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WJSU	40	N	BIRMINGHAM AL
	WPXH	44	N	BIRMINGHAM AL
ws as Necessary	WPXH WUOA	23	N I	BIRMINGHAM AL BIRMINGHAM AL
vs as Necessary				
ws as Necessary	WUOA	23	I	BIRMINGHAM AL
ws as Necessary	WUOA WBRC	23 6	1 N	BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ	23 6 10	I N E	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM	23 6 10 13	I N E N	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT	23 6 10 13 42	I N E N N	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL
ws as Necessary	WUOA WBRC WBIQ WVTM WIAT WABM	23 6 10 13 42 68	I N E N N I	BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL BIRMINGHAM AL

EGAL NAME OI								SYSTEM ID 6334
	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 paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether f the radio stat this by placing Sive the station	y the sys be recei at the Co I sign of o the static tion's sign g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

	d: 2019/1						FORM	1 SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:				_	SYSTEM ID#
Name	WINDSTREAM ALABA	MA INC						63343
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	3			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authoriz	zations. F	For a further
Substitute	explanation of the programm				e general Instri	uctions in the pap	per SA1-2	z torm.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per		r cable system	carry, on a substitute basi	s, any nonnet			N/
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	st complete the	program	
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their mea	aning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute p	program") tha	t. during the acc	ountina	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of anot	her statio	
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further info	ormation.	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love Lu	ucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			cor, in	
				tem carried the substitute p			the mont	h
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				/
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snouid	be	
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a							m
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	1	
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S					
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		то	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION				DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION				DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION				DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION				DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				DELETION
		Yes or No	CALL SIGN					
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN					
		Yes or No	CALL SIGN					
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN					
		Yes or No	CALL SIGN					
		Yes or No	CALL SIGN					
		Yes or No	CALL SIGN					
		Yes or No	CALL SIGN	4. STATION'S LOCATION				

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM ALABAMA INC	S	STEM ID# 63343
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 service s amount, see	e 6,436.92
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	7,600)	
	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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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:	2019/1							FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: ALABAMA INC						SYSTEM ID 6334:
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number s, and (2) the cable system's number of channels on whi television broadcast stations number of activated channe able system carried televisio ast services	total number ch the cable s els n broadcast si	er of activated o	channels during the	accounting period.	t stations	9 120
N Individual to Be Contacted		BE CONTACTED IF FURT		MATION IS N	EEDED (Identify an	individual to whom		
for Further Information	Name	JIM POWELL					Telephone 70	6.896.1089
	Address	1839 HIGHWAY 17 I (Number, street, rural route, apa		number)				
		YOUNG HARRIS (City, town, state, zip)	GA 30582	2				
	Email	sandra.blade@	owindstream	m.com		Fax (optional)		
0	CERTIFICATION	(This statement of account r	nust be certifie	fied and signe	d in accordance wit	h Copyright Office re	gulations)	
Certification		ed, hereby certify that (Check rother than corporation or	-			as identified in line 1	of space B; or	
	in X (Office	t of owner other than corpor line 1 of space B and that the er or partner) I am an officer	owner is not a	a corporation o	r partnership; or	-	-	
	I have examined	line 1 of space B. the statement of account and a, and correct to the best of m on 1001(1986)]					ned herein	
			X		/S/ TIMOTHY	P LOKEN		
				-	ure on the line above /s/ signature" (e.g., /	to certify this stateme s/ John Smith)	nt.	
		Typed or printe	ed name:	ΤΙΜΟΤΗΥ	P LOKEN			
		Title: (Title of			ILATORY REP ion or partnership)	ORTING		
		Date:				AUGUST 27, 20	019	

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: 2019/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DSTREAM ALABAMA INC	633
 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 Statemen Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
No contraction de la contracti	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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