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

STATEM			FOR COPYRIG	Return completed workbook by email to:					
-		ansmissions by	DATE RECEIVED	AMOUNT	_				
Cable Syste					coplicsoa@copyright.gov				
General instru	ctions	are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
in the first tab	of this	workbook	02/28/2020	ALLOCATION NUMBER					
					1				
A	ACC	OUNTING PERIOD COVERED B	BY THIS STATEMENT: (Y)	(YY/(Period))					
			L						
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20192	Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period									
		Instructions:							
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		idiary of another corporation, give the full corp	porate title				
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 a single statement of account and royalty fee		the last day of the accounting period should su ting period.	ubmit a				
		Check here if this is the system's first filing.	. If not. enter the system's ID number	assigned by the Licensing Division.	014656				
			······						
		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 nu TYLER, TX 75701	imber)						
		(City, town, state, zip)							
С				ntify the business and operation of the e system, if different from the address					
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		IDABEL, OK MAILING ADDRESS OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE STSTEM:							
	2	(Number, street, rural route, apartment, or suite nu	imber)						
		(City, town, state, zip code)							
	•								
Privacy Act Notice	e: Section	n 111 of title 17 of the United States Code aut	horizes the Copyright Offce to collect th	e personally identifying information (PII) reques	sted 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 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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	01465
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	IDABEL	OK
Community	MCCURTAIN COUNTY	OK
dd Rows as Necessary		
		•
		•

Name	LEGAL NAME OF OWNER OF CA										
		SYSTEM ID 01465									
	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	-		-		•					
. .	system, that is, the retransmission										
Secondary Transmission	about other services (including p last day of the accounting period						those exis	ting on the			
Service: Sub-	Number of Subscribers: Both	•				,	ble systen	n, broken			
scribers and	down by categories of secondary	, y transmission	service.	In general, yo	u can com	pute the number	er of subso	ribers in			
Rates	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										
	category, but do not include disc				ny standa		is within a				
	Block 1: In the left-hand block				ries of sec	ondary transmis	ssion servi	ce that cable			
	systems most commonly provide							0,			
	that applies to your system. Not categories, that person or entity			-		-					
	subscriber who pays extra for ca						•				
	first set" and would be counted of										
	Block 2: If your cable system	Ű		-							
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in th	e right-n	and DIOCK. A ty	vo- or thre	e-wora descript	ion of the	Service IS			
		DCK 1					BLOC	٢2			
		NO. OF		DATE	CAT			NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	VICE	SUBSCRIBERS	RATE		
	Service to first set		240	34.99							
	Service to additional set(s)			04.00							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		35	34.99							
	Converter			0-1100							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s						
F	In General: Space F calls for rat	te (not subscri	ber) info	rmation with re	spect to a	Il your cable sys	stem's ser	vices that were			
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0 (,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the			-		C C		0			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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										
	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.										
	BLOCK 1						BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			tion: Non-res							
	• Pay cable	19.00	• Mot	el, hotel							
	• Pay cable—add'l channel	19.00	• Cor	nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection		,	cable-add'l ch	annel						
	Installation: Residential		• Fire	protection							
	• First set	99.00	• Bur	glar protection							
	 Additional set(s) 	25.00		ervices:							
	• FM radio (if separate rate)			connect		40.00					
	· · · /		Die								
	Converter		• DIS0	connect							
	Converter			connect let relocation		25.00					

g Period:	2019/2			FOI							
me	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID# 014656						
	CEQUEL COMMUNICATIONS LLC										
	PRIMARY TRANSMITTERS: TELEVISION										
G mary	carried by your cable system FCC rules and regulations i	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, <i>except</i> (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									
nitters:	substitute program basis, as	s explained in the next paragraph.									
ision	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 station was carried only on	e in space G—but do list it in space I (th		0,							
	basis. For further information Column 1: List each station	on concerning substitute basis station p n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each							
	"WETA-2" as the same on t Column 2: Give the channe of license. For example, W	the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting ove	r the air in its community							
		case whether the station is a network s	, I ,								
		ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o									
	For the meaning of these te	erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	·							
		n of each station. For U.S. stations, list									
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	ne community with which the statio	n is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	TATION						
	1. CALL SIGN KMSS-1	2. B'CAST CHANNEL NUMBER 33	3. TYPE OF STATION	4. LOCATION OF S SHREVEPORT, LA	TATION						
			3. TYPE OF STATION I E		TATION						
essary	KMSS-1	33	<u> </u>	SHREVEPORT, LA	TATION						
ssary	KMSS-1 KOET-1	33 3	l E	SHREVEPORT, LA EUFAULA, OK	TATION						
ssary	KMSS-1 KOET-1 KSLA-1	33 3 12	I E N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA	TATION						
essary	KMSS-1 KOET-1 KSLA-1 KTAL-1	33 3 12 6	I E N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX	TATION						
cessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA	TATION						
ecessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA	TATION						
ecessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA	TATION						
Vecessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA	TATION						
Vecessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA	TATION						
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA	TATION						
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
as Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
15 Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							
IS Necessary	KMSS-1 KOET-1 KSLA-1 KTAL-1 KTBS-1	33 3 12 6 3	I E N N N	SHREVEPORT, LA EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA							

EGAL NAME OF								SYSTEM 0146
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. entify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM anten his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	, AM or FM	S/D	LOCATION OF STATION	
ON LEE OTOTA		0,0		OF LEE OF ON		0/D		

Accounting Perio	od: 2019/2						FORM	I SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	CEQUEL COMMUNIC	ATIONS L	LC.					014656	
	SUBSTITUTE CARRIAG		AL STATEME		06				
1		-	-			tion that w	our ochlo ovo	om corried on a	
•	In General: In space I, iden substitute basis during the a								
Substitute	explanation of the program	•••		•					
Carriage:	· · · ·	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special				m carry, on a substitute ba	eie anv nonr	ootwork tol	evision prog	am	
Statement and			ui cable syster	in carry, on a substitute ba	1515, arry 11011				
Program Log	broadcast by a distant sta	ition?					YES	X NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	lete the prog	ram	
	log in block 2.								
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		aasibla iff	hair maanin	. ia	
	In General: List each subs clear. If you need more spa				s wherever p	DSSIDIE, IT I	neir meaning	, is	
				vision program ("substitute	e program") t	hat, during	the account	ina	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	Love Lucy"	or	
	"NBA Basketball: 76ers vs.		depet live ant	ar "Vaa " Othanuiga antar "	"NIo."				
				er "Yes." Otherwise enter " casting the substitute prog					
				the community to which th		censed by	the FCC or,	in	
	the case of Mexican or Car						,		
			/ when your sy	stem carried the substitute	e program. U	se numera	ls, with the n	nonth	
	first. Example: for May 7 gi								
	to the nearest five minutes			ogram was carried by you				ately	
	stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system nom 0.0	r. 15 p.m. to d	.20.30 p.11			
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	your syste	em was <i>requ</i>	ired	
	to delete under FCC rules								
	was substituted for program	-	your system w	as permitted to delete und	ler FCC rules	and regul	ations in		
	effect on October 19, 1976								
					WHE	N SUBST	ITUTE		
	S	UBSTITUT	E PROGRAM	1				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. ⁻ FROM	TIMES — TO	DELETION	
		165 01 110	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	_ 10		
							_		
							_		
							_		
							_		
1									
					······				

Accounting Period:	2019/2 FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID CEQUEL COMMUNICATIONS LLC 01465						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vi) 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.						
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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 this six-month accounting period is \$52.00						
	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						
	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 0.00						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)						
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1						
	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 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						
	EFT Trace # or TRANSACTION ID #						
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.						

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 014656
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	6
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name RODNEY HASKINS	(903) 579-3152
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 herei 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)] 	system as identified vner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM	-
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2020	

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 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 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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	01465
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
	-
Name Name	
Mailing Address Mailing Address	
	n 1
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 Assessmen
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	
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 \$ -	
(interest charge)	-
* 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@copyright.gov.	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.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.	
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