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

STATEME	=NT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:				
-		ansmissions by	DATE RECEIVED	AMOUNT	-				
Cable Systems (Short Form) General instructions are located			02/28/2020	\$	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
in the first tab	of this	workbook	02/20/2020	ALLOCATION NUMBER	Tel. (202) 707-8150				
A	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))					
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20192	Barcode Data Filing Period (optional	- see instructions)					
Accounting Period									
в		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full cor	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 fer		ne last day of the accounting period should sing period.	Jbmit a				
		Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	020933				
		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						
		(Number, street, rural route, apartment, or suite nu	umber)						
		TYLER, TX 75701 (City, town, state, zip)							
-	INSTR		ess or trade names used to ident	tify the business and operation of the	system unless these				
C	name	- · · · ·	2, give the mailing address of the	system, if different from the address	given in space B.				
System	1	IDENTIFICATION OF CABLE SYSTEM: OZARK, AR							
		MAILING ADDRESS OF CABLE SYSTEM	:						
	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 out	horizes the Copyright Offce to collect the	e personally identifying information (PII) reques	sted on this				
-				trace an individual, such as name, address and					

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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC	02093
	Instructions: List each separate community served by the cable system. A "comm	
-	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	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 mobi	e nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	OZARK	AR
Community	ALTUS	AR
d Rows as Necessary		

								FORM SA1	TEM ID			
Name												
	CEQUEL COMMUNICAT	IONS LLC							02093			
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES							
Е	In General: The information in s			-		•						
Secondary	system, that is, the retransmission about other services (including p											
Transmission	last day of the accounting period											
Service: Sub-	Number of Subscribers: Both	ribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	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											
Rates	each category by counting the n separately for the particular serv							charged				
	Rate: Give the standard rate c							e and the				
	unit in which it is generally billed	-	-	•			-					
	category, but do not include disc											
	Block 1: In the left-hand block			-								
	systems most commonly provide that applies to your system. Not											
	categories, that person or entity			0		0						
	subscriber who pays extra for ca	able service to	addition	al sets would b	e included	d in the count u	nder "Servi	ce to the				
	first set" and would be counted of											
	Block 2: If your cable system printed in block 1 (for example, t	-		•								
	with the number of subscribers a											
	sufficient.	,	5			·						
	BLC	DCK 1					BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT			
	Residential:							0000011102110				
	Service to first set		198	34.99								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		21	34.99								
	Converter											
	Residential											
	Non-residential											
			1									
	SERVICES OTHER THAN SEC											
F	In General: Space F calls for rat	•	,		-	• •						
•	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services		,		0		υ ()					
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the											
ransmissions: Rates	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											
	brief (two- or three-word) description and include the rate for each.											
		BLO	∩K 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT			
	Continuing Services:			tion: Non-res								
	• Pay cable	19.00	• Mot	el, hotel								
	• Pay cable—add'l channel	19.00		nmercial								
	Fire protection			cable								
	•Burglar protection		-	cable-add'l ch	annel							
	Installation: Residential		-	protection								
	First set	99.00		glar protection								
	Additional set(s)	25.00		services:								
	• FM radio (if separate rate)			connect		40.00						
	• Converter			connect								
				let relocation		25.00						
									I			
			• Mov	ve to new addr	ess	99.00						

ounting Period: 2				FOR	M SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:	-		SYSTEM ID# 020933						
	CEQUEL COMMUNICATIONS LLC										
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 										
	basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or	ules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Program	Log)—if the							
	basis. For further informati Column 1: List each statio	on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each							
	Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by enti-	nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo	tation, an independent station, or or network multicast), "I" (for indep	a noncommercial pendent), "I-M"							
	For the meaning of these t Column 4: Give the location	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF ST	ATION						
	KAFT	13	E	FAYETTEVILLE, AR							
	KFSM-TV	18	N	FORT SMITH, AR							
ws as Necessary	KFTA-TV	27	l	FORT SMITH, AR							
	KHBS	21	N	FORT SMITH, AR							
	KHBS-CW	21	I-M	FORT SMITH, AR							
	KNWA-TV	50	N	ROGERS, AR							
	KXNW	25	I	EUREKA SPRINGS, AR							
		I									

LEGAL NAME OF								SYSTEM 0209
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify 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 t each station carried. on is AM or FM. nal was electronically processe (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 e station is licens	adend, and (2 anna, 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	
		I						
						I		

Accounting Period: 2019/2							FORM	A SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	ATIONS L	LC					020933			
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G						
	In General: In space I, ident	tify every no	onnetwork telev	ision program, broadcast by	, a distant sta	tion, that y	our cable sys	tem carried on a			
	substitute basis during the a	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Statement and	 During the accounting per 	riod, did yo	ur cable syster	m carry, on a substitute ba	isis, any nonr	network te	levision prog				
Program Log	broadcast by a distant sta	tion?					YES	× 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	must comp	lete the prog	Iram			
	log in block 2.										
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		oosible ifi	their meenin	r ia			
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, it i	ineir meaning	g is			
				vision program ("substitute	e program") tl	hat, during	the account	ing			
	period, was broadcast by a										
	under certain FCC rules, re										
	Do not use general catego "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am titles, for e	example,	I Love Lucy	or			
			adcast live, ent	er "Yes." Otherwise enter	"No."						
				asting the substitute prog							
	the case of Mexican or Car			the community to which th			the FCC or,	in			
				stem carried the substitute			als, with the n	nonth			
	first. Example: for May 7 gi	ve "5/7."									
				ogram was carried by you				ately			
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	:28:30 p.n	n. snouid be				
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	ired			
	to delete under FCC rules							ogram			
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ter FCC rules	and regu	lations in				
		•									
	s	UBSTITUT		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			
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
1											
							_				
							_				

Accounting Period:	2019/2 FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC CEQUEL COMMUNICATIONS LLC 02093							
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 (vii) of the general instructions located in the paper SA1-2 form Gross receipts form 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							
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 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) 6. Interest charge. Enter the amount from line 4, space Q, page 8							
	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# 020933
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 .	7 82
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 SARAH BOGUE	(903) 579-3121
Information	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 (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 ov 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 wner 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.

BUBLI COMMUNICATIONS LLC D209 SPECIAL STATEMENT CONCERNING GROSS RECEIPS EXCLUSIONS Image: Comparison of the Statellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sectority transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers enceiving secondary transmissions pursuant to section 119.° Image: Comparison of the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions pursuant to section 119.° Image: Comparison of the paper SA1-2 form. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image: Comparison of the satellite carrier(s) below. Image: Comparison of the cable system submitted as a result of a late payment or underpayment. Image: Comparison of the cape system submitted as a result of a late payment or underpayment. Image: Comparison of the cape system system of the paper SA1-2 form. Image: Comparison of the capage: Comparison of the capage: Comparison of the paper SA1-2 form.<	ounting Period: 2019/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statistics Home Viewer Act of 1988 amended Trite 17, section 111(g)(1)(A), of the Copyright Act by adding the fol- lowing sections and manufactorized from subscribers and the gross amounts paid to the cable system for the basic sections and manufactorized from subscribers is cearing sections protocally section 112: For more information on when to exclude these amounts, see the note on page (wil) of the general instructions located in the pager SA1-2 form. Unright the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite diah owners? Not Note: NTREEST ASSESSMENT Numer Maning Address Numer Address Line 1 Enter the total here and list the satellite carrier(s) below. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rates and enter the sum here Numer Address Line 2 Multiply line 1 by the interest rate* and enter the sum here Numer Address Numer (Line 3 by 0.00274** and enter the sum here Numer (Line 4 Lines Lines) (Joine 6, or block 3 line 6,, \$ Numer (Line 4 Multiply line 3 by 0.00274** and enter the sum here Numer (Line 4 Multiply line 3 by 0.00274** and enter the sum here Numer (Line 4 Multiply line 3 by 0.00274** and enter the sum here Numer (Line 5 Linese (Lines) (Line 8, or block 3 line 6,, \$ Numer (Line 4 Multiply line 3 by 0.00274** and enter the sum here Numer (Line 4 Multiply line 3 by 0.00274** and enter the sum here or or or or or any and lines by satellite activation of lineses sets and enter the sum here or or or any line for their assistance please contract the Licensing Division at (202) 107(-1815) or licensing/interest-tate pdf. For further assistance please contract the Licensing Division at (202) 107(-1815) or licensing/interest-tate pdf. For further assistance please contract the Licensing Division at (202) 107(-1815) or licensing/interest-tate pdf. For further assistance please contra	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The stabilite frome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Cappright Act by adding the fol- lowing sections: method or providing secondary transmissions of primary broadcast transmitters, the system faith on thoulds sub- scribers 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 focated 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 diah owners? No The TEREST ASSESSMENT Numer Maing Address Numer (Maing Address) Numer (Maing Address) Numer (Maing Address) Numer (Maing Address) Line 1. Enter the total here and list the satellite carrier(s) below. Line 1. Enter the amount of late payments submitted as a result of a late payment or underpayment. For an explanation of interest rates and enter the sum here Line 2. Multiply line 1 by the interest rate' and enter the sum here x 0.00274 Line 3. Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4. Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4. Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4. Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4. Multiply line 3 by 0.00274 ^{**} and enter here in space L (sage 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest Assessment) * To view the interest rate chart click on www.copyright govilicensing/interest-rate, rate. To view the interest rate chart click on www.copyright govilicensing/interest-rate, rate. Corrier (Hyuna entities) bit worksheet coventing a statement of account alteady submitted to the Copyright Office, please lis below the owner, address, first community served, ID number, and accounting period as given in the origina	QUEL COMMUNICATIONS LLC	02093
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? Image: Complete the total here and list the satellite carrier(s) below. Image: Complete the total here and list the satellite carrier(s) below. Image: Complete the total here and list the satellite carrier(s) below. Image: Complete the total here and list the satellite carrier(s) below. Image: Complete total here and list the satellite carrier(s) below. Image: Complete total here and list the satellite carrier(s) below. Image: Complete total here and list the satellite carrier(s) below. Image: Complete total here and list the satellite carrier(s) below. Image: Complete total here and list here and list the satellite carrier(s) below. Image: Complete total here and list here and list the satellite carrier(s) below. Image: Complete total here and list heres are page (viii) of the general instructions located in the paper SA1-2 form. Image: Complete total heres are page (viii) of the general instructions located in the paper SA1-2 form. Image: Complete total heres are and enter the sum here	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-	Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? No YES. Enter the total here and list the satellite carrier(s) below. Name Maing Address Nume Maing Address Nume Maing Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here x		Receipts Exclusion
VES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maing Address Name Maing Address Name Maing Address Name INTEREST ASSESSMENT Name 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. x	made by satellite carriers to satellite dish owners?	
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment	X NO	
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. Image: 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. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For any complexity in the paper SA1-2 form. Image: Complexity in the paper SA1-2 form. Image	YES. Enter the total here and list the satellite carrier(s) below	
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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