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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ms (S	Short Form)		\$	For additional information,
General instru	ctions	are located	00/00/0000		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook	02/28/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACCO	DUNTING PERIOD COVERED B	BY THIS STATEMENT: (Y	YYY/(Period))	
		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 cor	porate title
Owner		List any other name or names under which	the owner conducts the business of t	he 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 s ting period.	ubmit a
		Check here if this is the system's first filing.			023270
		-			
		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	mber)		
		TYLER, TX 75701 (City, town, state, zip)			
С				ntify the business and operation of the	
	names		, give the mailing address of th	e system, if different from the address	s given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: SEMINOLE, OK			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(City, town, state, zip code)			
	<u> </u>	(ony, rown, state, zip code)			
Privacy Act Notice	e: Sectior	111 of title 17 of the United States Code aut	norizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	02327
D	Instructions: List each separate community served by the cable system. A "contract and distinct community or municipal entity (including unincorport discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community thas the "first community." Please use it as the first community on all future first community.	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or i	
Area Served	identified city.	···· · · · · · · · · · · · · · · · · ·
	CITY OR TOWN	STATE
First	SEMINOLE	OK
Community		
d Rows as Necessary		

LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS				
CEQUEL COMMUNICATIONS LLC								02327			
SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	ATES							
			-		•						
last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
down by categories of secondar	y transmission	service.	In general, you	u can con	npute the number	er of subse	cribers in				
							s charged				
							rae and the				
category, but do not include disc	ounts allowed	for adva	ince payment.								
5 51							0,				
			-		-						
						•					
							e				
	Ű										
						,.					
sufficient.	,	5			·						
BLC						BLOCI		1			
CATEGORY OF SERVICE			RATE	CATI	EGORY OF SEI	RVICE		RATI			
Residential:											
Service to first set		925	34.99								
 Service to additional set(s) 											
• FM radio (if separate rate)											
Motel, hotel											
Commercial		65	34.99								
Converter											
Residential											
Non-residential											
					ll vour cable sv	stem's ser	vices that were				
	•	,		-	• •						
5		,		0		0 (,				
5		susually	billed. If any ra	ites are ci	harged on a var	able per-p	orogram basis,				
Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
		-		shed. List	these other ser	vices in th	e form of a				
priet (two- or three-word) descrip		1									
							BLOCK 2	1			
	RATE				RATE	CATEG	ORY OF SERVICE	RATE			
-	40.00			dential							
			<i>,</i>								
	19.00										
•		-		annol							
•Burgiar protection		-	protection	aiiiitti							
	99.00		glar protection								
• First sat	33.00	- Durg	giai protection								
First set Additional set(s)		Other o	ervices								
 Additional set(s) 	25.00		ervices:		40.00						
• Additional set(s) • FM radio (if separate rate)		• Rec	onnect		40.00						
 Additional set(s) 		• Rec • Disc			40.00 25.00						
-	CEQUEL COMMUNICAT SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disd Block 1: In the left-hand block systems most commonly provide 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 printed in block 1 (for example, t with the number of subscribers a sufficient. BLOC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential • Non-residential • Non-residential	CEQUEL COMMUNICATIONS LLC SECONDARY TRANSMISSION SERVICE: SI In General: The information in space E should system, that is, the retransmission of television about other services (including pay cable) in sp last day of the accounting period (June 30 or D Number of Subscribers: Both blocks in space down by categories of secondary transmission each category by counting the number of billing separately for the particular service at the rate Rate: Give the standard rate charged for eac unit in which it is generally billed. (Example: "\$ category, but do not include discounts allowed Block 1: In the left-hand block in space E, th systems most commonly provide to their subsci that applies to your system. Note: Where an in categories, that person or entity should be cour subscriber who pays extra for cable service to first set" and would be counted once again und Block 2: If your cable system has rate catego printed in block 1 (for example, tiers of services with the number of subscribers and rates, in th sufficient. BLOCK 1 NO. OF CATEGORY OF SERVICE Service to first set . Service to first set . Service to additional set(s) . FM radio (if separate rate) Motel, hotel Commercial Converter . Residential . Non-residential SERVICES OTHER THAN SECONDARY TR/ In General: Space F calls for rate (not subscri not covered in space E, that is, those services service for a single fee. There are two exception furnished at cost or (2) services or facilities fur amount of the charge and the unit in which it is enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by ' Block 2: List any services that your cable sy listed in block 1 and for which a separate charge brief (two- or three-word) description and inclu- BLOC CATEGORY OF SERVICE RATE Continuing Services: . Pay cable . Pay cable	SECONDARY TRANSMISSION SERVICE: SUBSCRI In General: The information in space E should cover a system, that is, the retransmission of television and rad about other services (including pay cable) in space F, r Isat day of the accounting period (June 30 or Decembe Number of Subscribers: Both blocks in space E cal down by categories of secondary transmission service. each category by counting the number of billings in that separately for the particular service at the rate indicate. Rate: Give the standard rate charged for each categor unit in which it is generally billed. (Example: "\$20/mth") category, but do not include discounts allowed for adva Block 1: In the left-hand block in space E, the form Ii systems most commonly provide to their subscribers. Othat applies to your system. Note: Where an individual categories, that person or entity should be counted as a subscriber who pays extra for cable service to additional first set" and would be counted once again under "Serv Block 2: If your cable system has rate categories for printed in block 1 (for example, tiers of services that individual categories of first set service to first set service to additional set(s) BLOCK 1 CATEGORY OF SERVICE Subscribers and rates, in the right-h sufficient. BLOCK 1 Service to first set Service to first set Services of first set Services or facilities furnished to cost (2) services or facilities furnished to a cost or (2) services or facilities furnished to a cost or (2) services or facilities furnished to a subscriber) infor not covere	CEQUEL COMMUNICATIONS LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND R/ In General: The information in space E should cover all categories of system, that is, the retransmission of television and radio broadcasts about other services (including pay cable) in space F, not here. All the last day of the accounting period (June 30 or December 31, as the ca Number of Subscribers: Both blocks in space E call for the number down by categories of secondary transmission service. In general, yo each category by counting the number of billings in that category (the separately for the particular service at the rate indicated—not the num Rate: Give the standard rate charged for each category of service. Junit in which it is generally billed. (Example: "\$20/mth"). Summarize a category, but do not include discounts allowed for advance payment. Biock 1: In the left-hand block in space E, the form lists the categor systems most commonly provide to their subscribers. Give the number that applies to your system. Note: Where an individual or organization categories, that person or entity should be counted as a subscriber in subscriber who pays extra for cable service to additional sets would b first set" and would be counted once again under "Service to additional minted in block 1 (for example, tiers of services that include one or m with the number of subscribers and rates, in the right-hand block. A tw sufficient. BLOCK 1 CATEGORY OF SERVICE Subscribers of first set service to first set service to first set Service to first set service to ra single fee. There are two exceptions: you do not need to furnished at cost (2) services or facilities furnished to nonsubscribe amount of the charge and the unit in which it is usually billed. If any ra enter only the	CEQUEL COMMUNICATIONS LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondar system, that is, the retransmission of television and radio broadcasts by your sy about other services (including pay cable) in space F, not here. All the facts you last day of the accounting benid (June 30 or December 31, as the case may be Number of Subscribers: Both blocks in space E call for the number of subscribers in the category by counting the number of billings in that category (the number of separately for the particular service at the rate indicated—not the number of see Rete: Give the standard rate charged for each category of service. Include be unit in which it is generally billed. (Example: "\$20/MHT). Summarize any standa category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of sec systems most commonly provide to their subscribers. Give the number of subscriber who pays extra for cable service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission printed in block 1 (for example, liers of services that include one or more secon with the number of subscribers and rates, in the right-hand block. A two- or thre sufficient. BLOCK 1 CATEGORY OF SERVICE CATEGORY OF SERVICE Service to first set 925 34.99 Service to first set 925 34.99 Service to first set 926 34.99 Service to first set 926 34.99 Services of first for rate (not subscr	CEQUEL COMMUNICATIONS LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission system, that is, the retransmission of television and radio broadcasts by your system to subscribars: both tight of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the ca down by categories of secondary transmission service. In general, you can compute the number ach category by counting the number of billings in that category (the number of persons or or separately for the particular service at the rate indicated—not the number of subscribers and rate variation category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmissin systems most commonly provide to their subscribers. Give the number of subscribers and rate that applies to your system. Note: Where an individual or organization is receiving service that categories, that person or entity should be counted as a subscriber in each applicable category." Block 1: (for example, tiers of services that include one or more secondary transmission service. In the number of subscribers and rates in the right-hand block. A two- or three-word descript sufficient. Block 1: (for example, tiers of services that include one or more secondary transmission service. In the number of subscribers and rates in the right-hand block. A two- or three-word descript sufficient. BLOCK 1 CATEGORY OF SERVICE Subscriber to additional set(s)." Block 2: (for example, tiers of services that	CEQUEL COMMUNICATIONS LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give about other services (including pay cable) in space F, not here. All the facts you state must be those exist last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system down by categories of secondary transmission service. In general, you can compute the number of subscribers is of the particular service at the relation factod-or dest receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the char unit in which it is generally bilde. (Example: "20/mth"). Summarize any standard rate variations within a category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service stat at person or entry should be counted as a subscriber is each applicable category. Example subscriber who pays extra for cable service to additional sets would be included in the count under "Servic first set" and would be counted once again under "Service to additional sets"). Block 2: If your cable system has rate categories for secondary transmission service that are different printed in block 1 (for example, liers of services that include one or more secondary transmissions), list th with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the sufficient. BLOCK 1	CEQUEL COMMUNICATIONS LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIEERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give Information about other services (noturing period (June 30 or December 31, as the case may be). Number of Subscribers: Bobbicks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of abuscribers in that category (in the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the eanount of the charge and the number of bubscribers and rate for each listed category of service. Include both the eanount of the charge and the unit in which it is generally billed. (Example: \$20/Inttr). Summarize any standard rate variations within a particular rate category, between controlled exists on the unit on which it is generally billed. (Example: \$20/Inttr). Summarize any standard rate variations within a particular rate categories in sech applicable category. Each listed category that applies to your system to rache service to additional set would be counted on categories that the category transmission. Service that different categories, that list be retransmission arrive that are different to the service is sufficient. Bitcot: 1: In the left-hand block in space E, the form lists than together and the count under "Service to the first set" and your cable system has rate categories for secondary transmission. Service to additional set(s). Bitcot: 2			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC			0232					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: elevision	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 rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (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 S								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAUT-1	43	I	OKLAHOMA CITY, OK					
	KAUT-2	43.2	I-M	OKLAHOMA CITY, OK					
ows as Necessary	KAUT-HD1	43	I-M	OKLAHOMA CITY, OK					
	KETA-1	13	E	OKLAHOMA CITY, OK					
	KETA-2	13.2	E-M	OKLAHOMA CITY, OK					
	KETA-HD1	13	E-M	OKLAHOMA CITY, OK					
	KFOR-1	4	N	OKLAHOMA CITY, OK					
	KFOR-2	4.2	I-M	OKLAHOMA CITY, OK					
		4.2	I-M N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	KFOR-2								
	KFOR-2 KFOR-HD1	4	N-M	OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1	4 34	N-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2	4 34 34.2	N-M I I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3	4 34 34.2 34.3	N-M I I-M I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1	4 34 34.2 34.3 34	N-M I I-M I-M I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1 KOCM-1	4 34 34.2 34.3 34 46	N-M I I-M I-M I-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK NORMAN, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1 KOCM-1 KOCO-1	4 34 34.2 34.3 34.3 34 46 5	N-M i i-M i-M i-M i N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2	4 34 34.2 34.3 34.3 34 46 5 5 5.2	N-M I I-M I-M I-M I N I N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1	4 34 34.2 34.3 34.3 34 46 5 5 5.2 5	N-M I I-M I-M I-M I N I N I-M N N N-M	OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1	4 34 34.2 34.3 34.3 34 46 5 5 5.2 5 25	N-M i i-M i-M i-M i N i N i-M i N i-M i i i i i i i i i i i i i	OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-2	4 34 34.2 34.3 34.3 34 46 5 5.2 5 25 25.2 25.2	N-M I I-M I-M I-M I N I N I-M I I I I I I I I I I I I I	OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-2 KOKH-3	4 34 34.2 34.3 34.3 34 46 5 5.2 5 25 25.2 25.2 25.3	N-M i i-M i-M i-M i N i N i-M i-M i i-M i i-M	OKLAHOMA CITY, OK					
	KFOR-2 KFOR-HD1 KOCB-1 KOCB-2 KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-1 KOKH-3 KOKH-3 KOKH-HD1	4 34 34.3 34.3 34.3 34 46 5 5.2 5 25 25 25	N-M i i-M i-M i-M i N i N i-M i-M i i-M i i-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK					

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS:	: TELEVISION							
G	carried by your cable syste	dentify every television station (including tra em during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the	(1) stations carried only on a par	t-time basis under					
Primary	U	(e)(2) and (4), or 76.63 (referring to 76.61)	0 1 0						
Transmitters:		as explained in the next paragraph.		1					
Television		s: With respect to any distant stations carr rules, regulations, or authorizations:	ried by your cable system on a s	ubstitute program					
		ere in space G—but do list it in space I (the	e Special Statement and Progran	n Log)—if the					
		l also in space I, if the station was carried l							
		ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro							
			•						
		multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.							
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
			· · · · ·						
	educational station, by ent (for independent multicast	tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or	or network multicast), "I" (for inde "E-M" (for noncommercial educa	pendent), "I-M"					
	educational station, by en (for independent multicast For the meaning of these	tering the letter "N" (for network), "N-M" (for i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form.	ppendent), "I-M" ational multicast).					
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the statio	pendent), "I-M" ational multicast). n is licensed by the					
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the statio	pendent), "I-M" ational multicast). n is licensed by the					
	educational station, by end (for independent multicast For the meaning of these of Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the statio e community with which the statio	ependent), "I-M" ational multicast). In is licensed by the In is identified.					
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN	tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station e community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION					
	educational station, by end (for independent multicast For the meaning of these of Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the statio e community with which the statio	ependent), "I-M" ational multicast). In is licensed by the In is identified.					
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN	tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station e community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION					
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD1	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station e community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK					
	educational station, by emi (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD1 KTBO-1	tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station e community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1	tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION I-M I	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	educational station, by emi (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTEN-1	tering the letter "N" (for network), "N-M" (for i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 10	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION I-M I	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK ADA, OK					
	educational station, by emi (for independent multicast For the meaning of these i Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1	tering the letter "N" (for network), "N-M" (for i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 10 30	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station is community with which the station 3. TYPE OF STATION I.M I I I I I	ependent), "I-M" ational multicast). on is licensed by the on is identified.					
	educational station, by eni (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1 KTUZ-HD1	tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 10 30 30	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station a community with which the station a community a community of the station a community a community a community a community of the station a community a community a community a community of the station a community a community a community a community a community of the station a community a community	ependent), "I-M" ational multicast). on is licensed by the on is identified.					

EGAL NAME OF								SYSTEM I 0232
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eccivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be recei t the Co sign of e he statio on's sign 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 process (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 enna, during c ge (v) of the g system as a se sed by the FC	2) 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	
						 		
						 		

Accounting Perio	od: 2019/2						FORM	I SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC.					023270
	SUBSTITUTE CARRIAG	-	-					
•	In General: In space I, ident							
Substitute	3	<i>bstitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMEN	-			5			
Special	During the accounting per				asis anv nonr	network tel	evision prog	ram
Statement and	broadcast by a distant sta			n ourly, on a substitute be	loio, any nom			× NO
Program Log							YES	
	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					:		. :-
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it t	neir 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, "	Love Lucy	or
			adcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broade	casting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			ls with the n	onth
	first. Example: for May 7 gi		, mon your cy		o program. O			lonar
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately							
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	ter "R" if the	e listed program	n was substituted for prog	ramming that	vour syste	em was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for prograr	nming that						0
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
			•		11			
							_	
							<u> </u>	
					·			
						·		

Accounting Period:	2019/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CEQUEL COMMUNICATIONS LLC 023270
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 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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$203,800 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
	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 \$ 278,920.96
	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
	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) \$ 1,470.21
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,490.21
	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# 023270
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 .	33
	and nonbroadcast services	444
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.) Name SARAH BOGUE	(002) 570 2424
for Further Information		(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 (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 X (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 hereir 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.

QUEL COMMUNICATIONS LLC 0232 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Communication of the page: Communication of the pag	unting Period: 2019/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite home Viewar Act of 1388 amended Title 17, section 111(d)(1)(A) of the Copyright Act by adding the fol- towing sectore of providing secondary transmissions of primary brackast transmitters, the system shall not include sub- eachers and amounts odicet from subcenters neewing secondary transmissions bracked of more to exclude these amounts, see the note on page (vii) of the general instructions bracked by satellite carriers to satellite dish owners?	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
The Statilite Home Vewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Capyright Act by adding the following sentence: In determining the total number of subscribers and the gross amounts pair to the cable system for the basic providing sectory transmissions optimary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (wil) of the general instructions located in the paper SA1-2 form. Image and the paper SA1-2 form. Image addition of the set of		02327
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? No No	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
NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maing Address Maing Address Maing Address Maing Address Maing Address INTEREST ASSESSMENT Norme You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment. 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 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here so tobick 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/ginterest-rate.pdf. For further assistance please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address D number, and accounting period as given in the original filing. Owner Address Interest charge Interest filing this worksheet covering a statement of	During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
Name Name Maling Address Maling 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment x		
Mailing Address Mailing Address Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. CQ 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. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet payment or underpayment or underpayment. Image: Complete this worksheet payment or underpayment payment or underpayment. Image: Complete this worksheet payment or underpayment payment or underpayment. Image: Complete this worksheet payment paym	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 0.00274 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	xdays	
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. ** 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. Owner Address ID number First community served		
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. Owner		—
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. Owner Address ID number First community served		
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
First community served		

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.