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	ENT OF ACCO		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
	ary Transmissions		DATE RECEIVED	AMOUNT	-	
	ems (Short Form)				coplicsoa@copyright.gov	
	· · · ·			\$	For additional information,	
General instru	uctions are located		02/28/2020		contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this workbook		02/20/2020	ALLOCATION NUMBER	Tel: (202) 707-8150	
Α			BY THIS STATEMENT: (Y	YYY/(Period))		
				David 0 - July 4 December 04		
	2019/2		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			1			
		20192	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting						
Period						
	Instructions:	<u></u>				
В		name of the owner of th not that of the parent co		idiary of another corporation, give the full co	rporate title	
Owner	List any other nam	e or names under which	n the owner conducts the business of t	he cable system.		
	If there were diffe	cent owners during the	accounting period, only the owner on	the last day of the accounting period should	submit a	
			e payment covering the entire accoun			
	Check here if this i	s the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	062801	
	LEGAL NAME	OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
	CEQUEL COMM	UNICATIONS LLC				
	BUSINESS NAM	IE(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)		
	SUDDENLINK C	OMMUNICATIONS				
	MAILING ADDR	ESS OF OWNER OF	CABLE SYSTEM			
	3015 S SE L					
	TYLER, TX	route, apartment, or suite n 75701	umber)			
	(City, town, state, zip)					
С				ntify the business and operation of the existent, if different from the addres		
System	,	OF CABLE SYSTEM:				
-,	1 1		ECTIONAL INSTITUTION	l		
		S OF CABLE SYSTEM				
	2 (Number, street, rural					
	<ul> <li>(Number, street, rural</li> </ul>	route, apartment, or suite n	umber)			
	(City, town, state, zip	code)				
Debugger And M. (1						
Privacy Act Notic	e. Seculor 111 of title 17 of the	e onneu States Code au	uronzes the copyright office to collect the	ne personally identifying information (PII) requ	ested 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	06280 <sup>,</sup>
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	HOUTZDALE	PA
Community	(HOUTZDALE SCI)	
dd Rows as Necessary		

	r								1-2E. PAG
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SY	STEM II
	CEQUEL COMMUNICAT	TIONS LLC							0628
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	<i>,</i> , ,	,		,			ing on the	
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ble system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							ne 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. <b>Not</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of	once again und	er "Serv	ice to addition	al set(s)."				
	Block 2: If your cable system	•							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e rignt-n	and DIOCK. A t	NO- or thre	e-wora descript	ion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:						-		
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		471	42.53					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	harged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		ha aabla	avatam far a	ach of the	appliaghte convi	oog ligtad		
								were not	
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that	t vour cable sv		hished or offer		the accounting			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	• •			-	-	vices in the		
	Block 2: List any services that	separate charg	je was n	nade or establ	-	-	vices in the		
	<b>Block 2:</b> List any services that listed in block 1 and for which a	separate charg	je was n de the ra	nade or establ	-	-	vices in the		
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg	je was n de the ra CK 1 CATEG	nade or establ te for each. ORY OF SER	VICE	-		e form of a	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO0	je was n de the ra CK 1 CATEG	nade or establ te for each.	VICE	these other ser		e form of a BLOCK 2	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and includ BLO0	je was n de the ra CK 1 CATEG Installa • Mot	nade or establ te for each. ORY OF SER <b>tion: Non-res</b> el, hotel	VICE	these other ser		e form of a BLOCK 2	ERAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg ption and includ BLO0	de was n de the ra CK 1 CATEG Installa • Mot • Con	ade or establ te for each. ORY OF SER <b>tion: Non-res</b> el, hotel mercial	VICE	these other ser		e form of a BLOCK 2	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg ption and includ BLO0	de the ra CK 1 CATEG Installa • Mot • Con • Pay	ade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	VICE idential	these other ser		e form of a BLOCK 2	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg ption and includ BLO0	de the ra CK 1 CATEG Installa • Mot • Con • Pay	ade or establ te for each. ORY OF SER <b>tion: Non-res</b> el, hotel mercial	VICE idential	these other ser		e form of a BLOCK 2	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg ption and includ BLO0	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay	ade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	VICE idential	these other ser		e form of a BLOCK 2	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	separate charg ption and includ BLO0	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	ade or establ te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable	VICE idential	these other ser		e form of a BLOCK 2	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg ption and includ BLO0	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ade or establ te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	VICE idential	these other ser		e form of a BLOCK 2	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	separate charg ption and includ BLO0	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	ade or establ te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	VICE idential	these other ser		e form of a BLOCK 2	ERATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and includ BLO0	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	ade or establ te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	VICE idential	these other ser		e form of a BLOCK 2	E RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and includ BLO0	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ade or establ te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	VICE idential	these other ser		e form of a BLOCK 2	E RATI

counting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	CEQUEL COMMUNIC	ATIONS LLC		062801
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM-1	23	N	ALTOONA, PA
	WJAC-1	6	N	JOHNSTOWN, PA
as Necessary	WKBS-1	47		ALTOONA, PA
ricecisary	WPCW-1	19	l	PITTSBURGH, PA
	WPSU-1	3	E	CLEARFIELD, PA
	WTAJ-1	10	N	ALTOONA, PA
	WWCP-1	8		JOHNSTOWN, PA

EGAL NAME OF								SYSTEM 062
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, 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	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 le station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL DIGIN		5/0		UALL OIGN		0/0		
						·		
						·		
						·		

Accounting Perio	od: 2019/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					062801
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	-			sis, anv noni	network telev	rision proa	ram
Statement and		-		n cany, on a cabolitato ba	olo, any nom			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa				program") t	hat during th		ina
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			۵/ ۳ <u>0</u> /۱	(A.I. 1)			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e FCC or.	in
	the case of Mexican or Car						,	
			when your sy	stem carried the substitute	e program. U	se numerals,	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."		a program car	neu by a system nom 0.01	. 15 p.m. to c	.20.30 p.m.		
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulat	ions in	
	effect on October 19, 1976							
					WHF	N SUBSTIT	UTF	
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	/IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	то	
						_		
							-	
						_		
								·
						_		
						_		
						_		
						_		
						_		
1								1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 062801
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, se	,103.76
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(	
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #	[	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABL CEQUEL COMMUNICATION					SYSTEM ID# 062801
<b>M</b> Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must give (1) to its subscribers, and (2) the cal</li> <li>1. Enter the total number of char system carried television broad</li> <li>2. Enter the total number of activ on which the cable system carriand nonbroadcast services</li> </ul>	able system's total n nnels on which the o dcast stations vated channels ried television broac	umber of activated cha cable dcast stations	annels during the ad	ecounting period.	s 7 45
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this statem	nent of account.)	NFORMATION IS NEE	DED (Identify an in		
for Further Information	Name SARAH BC	OGUE			Telepho	ne <b>(903) 579-3121</b>
		rural route, apartment, o <b>K 75701</b>	or suite number)			
	Email SA	ARAH.BOGUE@A	LTICEUSA.COM		Fax (optional)	
O Certification	(Agent of owner other in line 1 of space B	y that (Check one, <i>bu</i> prporation or partne or than corporation or a and that the owner am an officer (if a cc a. of account and hereb the best of my know	or partnership) I am the owner or partnership) I am the is not a corporation or orporation) or a partner	es.) of the cable system he duly authorized ag partnership; or (if a partnership) of i (if a partnership) of i y of law that all state d belief, and are mad	as identified in line 1 of spa gent of the owner of the cal the legal entity identified as ements of fact contained he	ce B; or ble system as identified owner of the cable system
		Ente	(s) Alan Dani or an electronic signature or signature using an "/s/	on the line above to		_
	Ty; Titl		P, PROGRAMMII	NG		
	Dat				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
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06280
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Mailing Address       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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmer
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	Q Interest Assessmer
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