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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	_
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
-			\$	For additional information,
General instru	ictions are located	02/28/2020		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
				1
Α	ACCOUNTING PERIOD COVERED	RV THIS STATEMENT: /V	(VV/(Poriod))	
	ACCOUNTING PERIOD COVERED	BT THIS STATEMENT. (T		
		7		
	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:			
В	Give the full legal name of the owner of the owner of the subsidiary, not that of the parent of the subsidiary.		idiary of another corporation, give the full con	rporate title
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.	
	single statement of account and royalty fe		the last day of the accounting period should s ting period.	ubmit a
	Check here if this is the system's first filin	g If not enter the system's ID number	assigned by the Licensing Division	063138
	LEGAL NAME OF OWNER/MAILIN	G 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 r	number)		
	TYLER, TX 75701 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ide	ntify the business and operation of the	e system unless these
С	names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	GORDON CORRECTIONAL	. FACILITY		
	MAILING ADDRESS OF CABLE SYSTEM	1:		
	2 (Number, street, rural route, apartment, or suite r	Number)		
	2 (Number, street, rural route, apartment, or suite r			
	(City, town, state, zip code)			
·				
Driveou Act Notic	e: Section 111 of title 17 of the United States Code a	therizes the Convright Offee to collect t	a paragoally identifying information (DII) require	atad on this

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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	063138
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated 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.	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	
Area Served	identified city.	e nome parks should be reported in parentneses below the
Fired	CITY OR TOWN GORDON	STATE WI
First Community	(GORDON CORR)	
,		
d Rows as Necessary		
Nows as necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGE
Name								510	06313
Е	SECONDARY TRANSMISSION					v transmission .	onvice of t	ha aabla	
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both	•					2		
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv	•	,	0 , (,	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		ny standa	rd rate variation	s within a _l	particular rate	
	category, but do not include disc				ing of any	an dan strananis			
	Block 1: In the left-hand block systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as a	subscriber in	each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of					convice that are	difforant f	rom those	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.	,							
	BLC	OCK 1					BLOCK		T
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					1
	• FM radio (if separate rate)								1
	Motel, hotel								1
	Commercial		3	42.53					1
	Converter								1
	Residential								1
	 Non-residential 								
	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable sve	tem's serv	rices that were	
F	not covered in space E, that is, t								
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur enter only the letters "PP" in the		usually b	lled. If any ra	ites are ch	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	Block 1: Give the standard rate		he cable s	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
Rates		separate charc	je was ma	de or establ	shed. List	these other ser	vices in the	e form of a	
Nates	listed in block 1 and for which a								
Nates	listed in block 1 and for which a brief (two- or three-word) descrip		de the rate	for each.					
Rates				for each.				BLOCK 2	.
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	CK 1 CATEGO	RY OF SER	/ICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	CK 1 CATEGC Installati	RY OF SER on: Non-res	/ICE		CATEGO		RATE
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclue BLO	CK 1 CATEGC Installati • Motel	RY OF SER on: Non-res , hotel	/ICE		CATEGO		RATE
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr	RY OF SER on: Non-res , hotel nercial	/ICE		CATEGO		RATE
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr • Pay c	RY OF SER on: Non-res , hotel nercial able	/ICE idential		CATEGO		RATE
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr • Pay c	RY OF SER on: Non-res , hotel nercial able able-add'l ch	/ICE idential		CATEGO		RATE
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c	RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection	/ICE idential		CATEGO		RATE
Kates	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	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl	RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection	/ICE idential		CATEGO		RATE
Kates	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)	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se	RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices:	/ICE idential		CATEGO		RATE
Kates	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)	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco	RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect	/ICE idential		CATEGO		RATE
Kates	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)	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Recol • Disco	RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect nnect	/ICE idential		CATEGO		RATE
Kates	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)	ption and inclue BLO	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Recol • Disco	RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect	/ICE idential		CATEGO		RATE

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		063138
G	· · · · · · · · · · · · · · · · · · ·	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i>		,
Ŭ		n effect on June 24, 1981, permitting t		
Primary ansmitters: elevision	substitute program basis, as)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations of		
	• Do not list the station here station was carried only on			
	basis. For further informatio Column 1: List each station	Ilso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channe	el number the FCC assigned to the tele		
	Column 3: Indicate in each educational station, by ente	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis tian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBJR-1	6	N	
	KDLH-2	3	N .	DULUTH, MN
s Necessary	KQDS-1	21	I	DULUTH, MN
	WDIO-1	10	N	DULUTH, MN
	WDSE-1	8	Е	DULUTH, MN
				-

	CEQUEL CO	OMMUNICA	TIONS	LLC					063 [.]
 ceceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). 	n General: Lis	t every radio s	tation ca	arried on a separate and discre					н
	ceceivable if (1) on the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to ormation abou rm. dentify the call tate whether t the radio stat this by placing Give the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	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 th	t the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN AMORINA SND LOCATION OF STATION CALL SIGN AMORINA SND LOCATION OF STATION Image: Sign Amorina Sign Amor						·			
Image: section of the section of th	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Image: series of the series									
Image: Second									

Accounting Perio	od: 2019/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063138
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you	ir oabla ava	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per	-			isis anv noni	network tele	vision prog	ram
Statement and		-		in ourry, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	luon?					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 i	must comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if th	eir meanin	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog		oonood by th		in
	the case of Mexican or Car			the community to which the			le FCC or,	in
				stem carried the substitute			, with the r	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syster	n was <i>rea</i> i	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
				A		N SUBSTI		7. REASON FOR
	5	1			-	AGE OCCL 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	– TO	
							-	
						-		
						-	_	
						-	-	
		+						
						-	-	
		+						
						-	-	
						-	-	
						-	-	
						_	_	
1						-	-	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063138
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	750.00
	COPYRIGHT ROYALTY FEE		
L 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 1 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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			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 \$ 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
246	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> 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 more than the second se		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063138
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 .	5
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.)	
for Further Information	Name SARAH BOGUE Telephone	(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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or 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)] Marce M, S.C., Section 1001(1986)] Cher 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) 	B; or system as identified wner of the cable system
	Date: 02/18/2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06313
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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.	•
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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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