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

STATEME	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
<i>Cable Syste</i> General instru	ms (Short Form) ctions are located of this workbook	02/28/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
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	-	sidiary of another corporation, give the full co	orporate title
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty the Check here if this is the system's first filling	fee payment covering the entire accou		submit a 063627
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1	
	CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER O	E CABLE SYSTEM (IE DIFFEREN	T)	
			• /	
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite	number)		
	City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any businames already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1 IOWA STATE PENITENTIA	RY		
	MAILING ADDRESS OF CABLE SYSTE	M:		

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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	06362
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	mmunities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	
Area Served	identified city.	one parks should be reported in parentileses below the
	CITY OR TOWN	STATE
First	NEWTON	IA
Community	(IOWA STATE PENITENTIARY)	
Add Rows as Necessary		

	<u> </u>							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							06362
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIB	ERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	<i>,</i> , ,	,		,				
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n			0,0				s charged	
	separately for the particular server Rate: Give the standard rate of							ge 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								
	Block 2: If your cable system	has rate categ	ories for s	econdary tran	smission	n service that are	different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-ha	nd block. A tw	o- or thre	ee-word descript	ion of the	service is	
		OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	LING		CAT		(VICL	SUBSCRIBERS	
	Service to first set		0	_					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)		Ŭ.	, in the second s					
	Motel, hotel								
	Commercial		32	42.53					
	Converter		<u> </u>	42.33					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES	6				
F	In General: Space F calls for ra	•	,		-	• •			
Г	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) description		,		neu. Lisi	l mese omer ser		e ionn or a	
		BLO		RY OF SERV		DATE	CATEO	BLOCK 2	
	CATEGORY OF SERVICE	RATE		on: Non-resi	-	RATE	CATEG	ORY OF SERVICE	RATE
			• Mote		uentiai				
	Continuing Services:	_	- MOLE						
	• Pay cable	-	• Com						
	• Pay cable • Pay cable—add'l channel		• Comr						
	Pay cable     Pay cable—add'l channel     Fire protection		• Pay o	able	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Pay o • Pay o	able able-add'l cha	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay o • Pay o • Fire p	able able-add'l cha rotection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pay o • Pay o • Fire p • Burgl	able able-add'l cha rotection ar protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay o • Pay o • Fire p • Burgl Other se	able able-add'l cha rotection ar protection <b>rvices:</b>	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay o • Pay o • Fire p • Burgl Other se • Reco	able able-add'l cha rotection ar protection <b>rvices:</b> nnect	annel	· · · · · · · · · · · · · · · · · · ·			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	able able-add'l cha rotection ar protection <b>rvices:</b> nnect nnect	annel	· · · · · · · · · · · · · · · · · · ·			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	able able-add'l cha rotection ar protection <b>rvices:</b> nnect					

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
	CEQUEL COMMUNIC	ATIONS LLC		06362
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including n during the accounting period, <i>excep</i>	•	,
	FCC rules and regulations i	n effect on June 24, 1981, permitting th	he carriage of certain network progra	ims [sections
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stat	ions carried on a
levision		: With respect to any distant stations ca	arried by your cable system on a sub	ostitute program
		les, regulations, or authorizations: e in space G—but do list it in space I (tl	he Special Statement and Drearem I	or) if the
	station was carried only on		ne Special Statement and Program I	_og)—II the
	-	also in space I, if the station was carried		
		n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p		
		I with a station according to its over-the		
	"WETA-2" as the same on t	he form. I number the FCC assigned to the tele	wision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C.	vision station for broadcasting over	
		case whether the station is a network	•	
		ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), c		· ·
	For the meaning of these te	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list dian stations, if any, give the name of th	5	5
		an claiche, ir any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHQA-1	7	N	HANNIBAL, MO
	KHQA-2	7.2	N-M	HANNIBAL, MO
cessary	WGEM-1	10	Ν	
	WGEM-3	10.3	I-M	QUINCY, IL
	WQEC-1	27	E	QUINCY, IL

MMUNICA	TIONS	LLC					0630
t every radio s	tation ca	arried on a separate and discre					н
it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	tem whenever it is received a 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 th	t the system's he system's FM ant this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c age (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
					S/D		
	3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
L				+			
	NSMITTERS: t every radio s vhose signals ctions Conce it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stat this by placing Sive the station	NSMITTERS: RADIO t every radio station ca whose signals were ge ctions Concerning AI it is carried by the sys monitoring, to be recei- ormation about the Co rm. dentify the call sign of e- itate whether the station the radio station's sign this by placing a check sive the station's locati- nadian stations, if any,	whose signals were generally receivable by your cab ctions Concerning All-Band FM Carriage: Under C it is carried by the system whenever it is received a monitoring, to be received at the headend, with the formation about the Copyright Office regulations on the multiple call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically process this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the radian stations, if any, the community with which the	NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list whose signals were generally receivable by your cable system during ctions Concerning All-Band FM Carriage: Under Copyright Office f it is carried by the system whenever it is received at the system's for monitoring, to be received at the headend, with the system's FM ant cormation about the Copyright Office regulations on this point, see pa rm. dentify the call sign of each station carried. tate whether the station is AM or FM. "The radio station's signal was electronically processed by the cable of this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licen hadian stations, if any, the community with which the station is identify	<b>INSMITTERS: RADIO</b> t every radio station carried on a separate and discrete basis and list those FM stat whose signals were generally receivable by your cable system during the accountin <b>ctions Concerning All-Band FM Carriage:</b> Under Copyright Office regulations, are it is carried by the system whenever it is received at the system's headend, and (2 monitoring, to be received at the headend, with the system's FM antenna, during co- ormation about the Copyright Office regulations on this point, see page (v) of the g monitoring the call sign of each station carried. the radio station's signal was electronically processed by the cable system as a set this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FC madian stations, if any, the community with which the station is identified).	<b>INSMITTERS: RADIO</b> t every radio station carried on a separate and discrete basis and list those FM stations car whose signals were generally receivable by your cable system during the accounting period <b>ctions Concerning All-Band FM Carriage:</b> Under Copyright Office regulations, an FM sig it is carried by the system whenever it is received at the system's headend, and (2) it can monitoring, to be received at the headend, with the system's FM antenna, during certain st pormation about the Copyright Office regulations on this point, see page (v) of the general in rm. dentify the call sign of each station carried. tate whether the station is AM or FM. "The radio station's signal was electronically processed by the cable system as a separate a this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FCC or, in hadian stations, if any, the community with which the station is identified).	NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were generally receivable by your cable system during the accounting period. ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. cormation about the Copyright Office regulations on this point, see page (v) of the general instructions in the. rm. dentify the call sign of each station carried. tate whether the station is AM or FM. if the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FCC or, in the case of hadian stations, if any, the community with which the station is identified).

Accounting Perio	od: 2019/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063627
	SUBSTITUTE CARRIAG				G			
1		-	-					
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer is	"Ves " vouu	must complet	te the proc	
		, leave the		ge blank. If your answer is	5 165, you i	nusi compie	te the prog	Jian
	log in block 2.		MC					
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Lina abbraviation	- whorever p	oogiblo if the	ir moonin	n io
	clear. If you need more spa				s wherever p		ii meanin	J 15
				vision program ("substitute	e program") t	hat. during th	e account	ina
	period, was broadcast by a							
	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 OU	<b>K I I</b>			
				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						01 00 01,	
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				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	8:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far prog	romming the	t vour oveter	waa ragu	irod
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							Jyrani
	effect on October 19, 1976		,			, and regulat		
						N SUBSTIT		
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC		063627
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 s amount, se	3,268.30
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$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 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		
	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	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 #	[	
	<b>Important:</b> 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 me		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063627
<b>M</b> 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	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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 hereis 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)] Extern a 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: <b>ALAN DANNENBAUM</b> Title: <b>SVP, PROGRAMMING</b> (Title of official position here 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 II
QUEL COMMUNICATIONS LLC	06362
<ul> <li>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."     </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> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	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 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
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