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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/28/2020	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1	
Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20192 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		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 number)
		TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	<u>'</u>	CLAYTON WORK CAMP
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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.

Accounting Period:	2019/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063729
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or molecular terms of the community of the comm	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	CLAYTON	
Community	(CLAYTON WORK CAMP)	<u>I</u> L
Add Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

063729

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS 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 (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate 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 that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	0	-			
Service to additional set(s)	0	0			
• FM radio (if separate rate)					
Motel, hotel					
Commercial	42	42.53			
Converter					
Residential					
Non-residential					
					1

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
 Pay cable—add'l channel 	-	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	-	 Burglar protection 			
 Additional set(s) 	-	Other services:			
• FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

Accounting Period:	2019/2			FORM SA1-2B	E. PAGE 3				
-	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYS1	ΓEM ID#				
Name	CEQUEL COMMUNIC				063729				
	PRIMARY TRANSMITTERS:								
_		entify every television station (including	translator stations and low power te	levision stations)					
G	carried by your cable syster	m during the accounting period, excep	ot (1) stations carried only on a part-t	me basis under					
Primary		n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.0							
Transmitters:	substitute program basis, as	s explained in the next paragraph.	. , , , , , , , , , , , , , , , , , , ,						
Television		: With respect to any distant stations on les, regulations, or authorizations:	carried by your cable system on a sub	ostitute program					
		e in space G—but do list it in space I (the Special Statement and Program l	_og)—if the					
	station was carried <i>only</i> on		ad both on a substitute basis and along	an same other					
	The state of the s	also in space I, if the station was carrie on concerning substitute basis stations							
		n's call sign. Do not report origination	. •	·					
	"WETA-2" as the same on t	I with a station according to its over-th he form.	le-air designation. For example, repo	nt multistream					
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	noncommercial					
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for independent of the control of th	endent), "I-M"					
	,	"E" (for noncommercial educational), erms, see page (iv) of the general instr	•	onal multicast).					
	Column 4: Give the location	n of each station. For U.S. stations, lis	st the community to which the station	•					
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
		, - , , g	the community with which the station	is identified.					
		, 9	the community with which the station	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KHQA-1	2. B'CAST CHANNEL NUMBER 7	3. TYPE OF STATION N	4. LOCATION OF STATION HANNIBAL, MO					
	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1	2. B'CAST CHANNEL NUMBER 7	3. TYPE OF STATION N	4. LOCATION OF STATION HANNIBAL, MO					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
Add Rows as Necessary	KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION N N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063729

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable 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. paper SA1-2 form.

Primary Transmitters: Radio

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).

0411 010::	l	0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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Accounting Perio	nd: 2019/2						EOP	M SA1-2E DAGE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5 SYSTEM ID#
Name	CEQUEL COMMUNICA							063729
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGING General: In space I, identify substitute basis during the alexplanation of the programm. 1. SPECIAL STATEMENT: 1. During the accounting perbroadcast by a distant state of the programm. Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTING General: List each subsidear. If you need more space of the programm.	ify every no accounting paining that mu T CONCERTION, did you tion? ", leave the E PROGRA titute prograte, please	nnetwork televineriod, under spist be included in RNING SUBS ur cable system a rest of this parameter and additional	sion program, broadcast be ecific present and former In this log, see page (v) of TITUTE CARRIAGE in carry, on a substitute bage blank. If your answer late line. Use abbreviation rows to the tables.	y a distant sta FCC rules, reg the general in asis, any noni is "Yes," you	gulations, ostructions network to must com	elevision prog	ns. For a further 6A1-2 form. Tram X NO gram gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	egulations, or estable from the Bulls." In was broad sign of the adcast stationation station than day we "5/7." I was broad stationation the sample: are "R" if the and regulation ming that	or authorization ovies" or "bask deast live, ente station broade on's location (tons, if any, the when your system of the station or system of the station o	ns. See page (v) of the getball." List specific progrer "Yes." Otherwise enter asting the substitute proghe community to which the community with which the stem carried the substitute program was carried by you gied by a system from 6:0 in was substituted for proguring the accounting peri	eneral instruction am titles, for a "No." gram. he station is line station is line station is line to program. Usur cable system of the program of the program of the gramming the od; enter the der FCC rules	tions for fuexample, icensed by dentified). Ise numer em. List the 6:28:30 p. It your systetter "P" is and regular and regular systems.	urther informa "I Love Lucy" y the FCC or, rals, with the r e times accur m. should be stem was requ if the listed pr ulations in	ition. or in month ately
	· c	I IDOTITI IT	E PROGRAM			N SUBS	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
							<u> </u>	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 063729
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.	mission service amount, se	,818.72
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	ss receipts)
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 9. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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		
	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)	
	4. Cates the amount of green position from annual V		
	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 #		
	<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		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063729
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.	3
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	49
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	Address 3015 S SE LOOP 323	(903) 579-3121
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	0.1.0.1.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0
O Certification	 I, the undersigned, hereby certify that (Check one, but only one, 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 over 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 herein 	system as identified vner of the cable system
	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)]	
	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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	063729
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 (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 Accounting period	

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