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				
9/1/2020	\$ 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

A	ACCOUNTING PER	IOD COVERED BY	Y THIS STATEME	ENT: (YYY)	(/(Period))		
	2020/1	P	eriod 1 = January 1 - Jui	ne 30 I	Period 2 = July 1 - December 3	1	
		20201 B	arcode Data Filing Perio	od (optional - se	e instructions)		
Accounting Period							
	In about ablance.						
В	-	ame of the owner of the ot that of the parent corp	•	ner is a subsidiar	y of another corporation, give th	ne full corporate title	
Owner	List any other name	or names under which t	he owner conducts the b	ousiness of the ca	able system.		
			counting period, only the payment covering the en		ast day of the accounting period period.	l should submit a	
	Check here if this is	the system's first filing. I	f not, enter the system's	ID number assig	gned by the Licensing Division.		004031
	LEGAL NAME (	F OWNER/MAILING	ADDRESS OF CABLE	SYSTEM			
	CEQUEL COMMI	JNICATIONS LLC					
	BUSINESS NAM	E(S) OF OWNER OF C	ABLE SYSTEM (IF DI	IFFERENT)			
	SUDDENLINK CO	OMMUNICATIONS					
	MAILING ADDRE	SS OF OWNER OF CA	ABLE SYSTEM				
	3015 S SE LO	DOP 323 oute, apartment, or suite num	ıber)				
	TYLER, TX 7	5701					
	(City, town, state, zip)						
С					the business and operationstem, if different from the		
System	IDENTIFICATION C	F CABLE SYSTEM:					
	MORRILTON	, AR					
	MAILING ADDRES	S OF CABLE SYSTEM:					
	2 (Number, street, rural r	oute, apartment, or suite num	iber)				
	(City, town, state, zip c	ode)					

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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	CEQUEL COMMUNICATIONS LLC	00403
<b>D</b> Area	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future for Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter knownfilings.
Served	identified city.	
First	CITY OR TOWN MORRILTON	STATE AR
community	MONITOR	
ows as Necessary		
,		

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**CEQUEL COMMUNICATIONS LLC** 

\*YSTEM ID 004031

# 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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,276	34.99					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	86	45.95					
Converter							
Residential							
Non-residential							

# 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00		
• Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004031

# PRIMARY TRANSMITTERS: TELEVISION

G

## Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAFT-1	9	E	FAYETTEVILLE, AR
KAFT-2	9.2	E-M	FAYETTEVILLE, AR
KAFT-3	9.3	E-M	FAYETTEVILLE, AR
KAFT-4	9.4	E-M	FAYETTEVILLE, AR
KAFT-HD1	9	E-M	FAYETTEVILLE, AR
KARK-1	4	N	LITTLE ROCK, AR
KARK-2	4.2	I-M	LITTLE ROCK, AR
KARK-3	4.3	I-M	LITTLE ROCK, AR
KARK-HD1	4	N-M	LITTLE ROCK, AR
KARZ-1	42	<u> </u>	LITTLE ROCK, AR
KARZ-2	42.2	I-M	LITTLE ROCK, AR
KARZ-HD1	42	I-M	LITTLE ROCK, AR
KASN-1	38	<u> </u>	PINE BLUFF, AR
KASN-HD1	38	I-M	PINE BLUFF, AR
KATV-1	<b>7</b>	N	LITTLE ROCK, AR
KATV-2	7.2	I-M	LITTLE ROCK, AR
KATV-3	7.3	I-M	LITTLE ROCK, AR
KATV-4	7.4	I-M	LITTLE ROCK, AR
KATV-HD1	7	N-M	LITTLE ROCK, AR
KKAP-1	36	E	LITTLE ROCK, AR
KLRA-1	30	<u> </u>	LITTLE ROCK, AR
KLRA-HD1	30	I-M	LITTLE ROCK, AR
KLRT-1	16	<u> </u>	LITTLE ROCK, AR
KLRT-HD1	16	I-M	LITTLE ROCK, AR

Accounting Period: 2020/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: TELEVISION

PRIMARY TRANSMITTERS: TELEVISION

# G

## Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

substitute program basis, as explained in the next paragraph.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMYA-1	49	l	CAMDEN, AR
KTHV-1	11	N	LITTLE ROCK, AR
KTHV-3	11.3	I-M	LITTLE ROCK, AR
KTHV-4	11.4	I-M	LITTLE ROCK, AR
KTHV-HD1	11	N-M	LITTLE ROCK, AR
KVTN-1	25	I	PINE BLUFF, AR
KVTN-HD1	25	I-M	PINE BLUFF, AR

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004031

## **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	0.15	L 004TION 05 0T: T: 0:
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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A	.l. 2020 /4						50DM 044 05 D405 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORM SA1-2E. PAGE 5.  SYSTEM ID#		
Name	CEQUEL COMMUNICA						004031		
Substitute Carriage: Special Statement and Program Log	substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  During the accounting pe broadcast by a distant state of the programm of the product of the period, was broadcast by a distant state of the period, was broadcast by a under certain FCC rules, reduced. If you need more specified, was broadcast by a under certain FCC rules, reduced on the period, was broadcast by a under certain FCC rules, reduced on the case of the programm of the period, was broadcast by a under certain FCC rules, reduced on the period, was broadcast by a under certain FCC rules, reduced on the period, was broadcast by a under certain FCC rules, reduced on the period, was broadcast by a under certain FCC rules, reduced on the period of the programm of the period of the per	ify every no accounting pring that mu  T CONCEPTION, did you tion?  ", leave the E PROGRA titute prograce, please of every no distant state gulations, in was broasign of the adcast statinadian statinth and day ve "5/7."  es when the Example:  ter "R" if the and regulation regulation regulation regulation regulation regulation.	erinetwork televineriod, under spist be included RNING SUBS ur cable system e rest of this paradd additional onnetwork televition and that y or authorization broadd on's location (fons, if any, the y when your sy e substitute program carriens in effect distributed on the station broadd on's location (fons, if any, the y when your sy e substitute program carriens in effect distributed on the station broadd on's location (fons, if any, the y when your sy e substitute program carriens in effect distributed program carriens in effect distributed program in effect distributed in the station broadd in the station b	ision program, broadcast by becific present and former F in this log, see page (v) of the trip this log, and the	a distant star CC rules, reghe general insussis, any nonres "Yes," you res wherever present the form the program") the deforthe program. It is estation is like a station is like program. Use the program. Use reable systems in the program of the p	istant station, that your cable system carried on a rules, regulations, or authorizations. For a further eneral instructions in the paper SA1-2 form.  any nonnetwork television program  YES  NO  es," you must complete the program  erever possible, if their meaning is  or the programming of another station il instructions for further information. Itles, for example, "I Love Lucy" or  ation is licensed by the FCC or, in tion is identified).  ogram. Use numerals, with the month  ole system. List the times accurately p.m. to 6:28:30 p.m. should be  ming that your system was required inter the letter "P" if the listed program			
	effect on October 19, 1976	-							
		LIDOTITLIT		•		N SUBSTITUTE			
	1. TITLE OF PROGRAM	2. LIVE?	TE PROGRAM  3. STATION'S		5. MONTH	AGE OCCURRE 6. TIMES	DELETION		
	1. THEE OF TROOTAIN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО		
						_			
						_			

counting Period:	2020/1		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID 00403
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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	n's secondary trans how to compute this	mission service
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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	ss than \$527,600	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 G	OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00	at you must pay for t	this six-month
	Line 1. Royalty fee for accounting period		
	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 a	ınd 2	· · <u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	t more than \$137,1	00)
	Base amount under statutory formula	263,800.00	_
	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	<u> </u>	
	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. Fatastha amount of groon provints from anough	275 694 60	
	1. Enter the amount of gross receipts from space K	375,681.69	-
	2. Base amount under statutory formula	263,800.00	-
	3. Subtract line 2 from line 1	111,881.69	
	4. Multiply line 3 by .01	-	1,118.82
	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	d 6	\$ 2,437.82
	FILING FEE AND TOTAL REMITTANCE DUE		
iling Fee and tal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,437.82
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 2,457.82
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form and the Excel in		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004031
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	31
	system carried television broadcast stations	31
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	547
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 RODNEY HASKINS Telephone	(903) 579-3152
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
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	B; or
	(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	system as identified
	(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.	vner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]	n
	X /s/ Alan Dannenbaum	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	004031
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	P Special Statement Concerning Gross Receipts Exclusion
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 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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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