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.

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## **SA1-2E** Short Form

Return completed workbook

STATEMENT OF ACCOUNT			FOR COPYRIGH	by email to:		
		nsmissions by	DATE RECEIVED	AMOUNT	-	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		\$ 9/1/2020 ALLOCATION NUMBER		coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCO	2020/1	<b>3Y THIS STATEMENT: (YY</b> Period 1 = January 1 - June 30	Y <b>YY/(Period))</b> Period 2 = July 1 - December 31		
Accounting Period		20201	Barcode Data Filing Period (optional	- see instructions)		
<b>B</b> Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. the owner conducts the business of th accounting period, only the owner on th e payment covering the entire account	he last day of the accounting period should s ing period.		
		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 nu	umber)			
		TYLER, TX 75701				
		(City, town, state, zip)				
С				tify the business and operation of the e system, if different from the address		
System	IDENTIFICATION OF CABLE SYSTEM:					
		HOUTZDALE STATE CORR				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite nu	imber)			
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Hamo	CEQUEL COMMUNICATIONS LLC	06280
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpo	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	
	as the "first community." Please use it as the first community on all future fi	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or a	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HOUTZDALE	PA
Community	(HOUTZDALE SCI)	
	ากระบบการการการการการการการการการการการการการก	
Rows as Necessary		
Nows as Necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGE STEM IC	
Name								510	06280	
Е	SECONDARY TRANSMISSION							h h ! .		
	In General: The information in s system, that is, the retransmission									
Secondary	about other services (including p									
Transmission	last day of the accounting period	d (June 30 or D	ecember	31, as the case	e may be	e).		0		
Service: Sub-	Number of Subscribers: Bot	•					2			
scribers and	down by categories of secondar									
Rates	each category by counting the n separately for the particular serv	•	,	0,0				cnarged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	l. (Example: "\$	20/mth").	Summarize any	/ standa	rd rate variation	s within a	particular rate		
	category, but do not include disc									
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.		e nym-na	IIU DIOCK. A IWU		e-word descript		Service is		
		OCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI	
	Residential:	COBCOTUB		TUTE	0/112			COBCONDENCO		
	Service to first set		0	_						
	Service to additional set(s)		0	_						
	• FM radio (if separate rate)		Ĩ							
	Motel, hotel									
	Commercial		569	40.71						
	Converter									
	Residential									
	Non-residential									
									•	
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were									
Г	not covered in space E, that is, t									
Services	service for a single fee. There a furnished at cost or (2) services		,	0			0()			
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> 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									
	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.									
							T			
		BLO		RY OF SERVI	<u> </u>	DATE		BLOCK 2		
				IRT OF SERVI	UE .	RATE	CATEGO	DRY OF SERVICE	RATE	
	CATEGORY OF SERVICE	RATE			ential					
	Continuing Services:	RATE	Installat	on: Non-resid	ential					
	• Pay cable	RATE	Installat • Mote	<b>on: Non-resid</b> I, hotel	ential					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installat • Mote • Com	<b>on: Non-resid</b> I, hotel mercial	ential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installati • Mote • Com • Pay o	on: Non-resid I, hotel mercial cable						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installati • Mote • Com • Pay o • Pay o	<b>on: Non-resid</b> I, hotel mercial cable cable-add'l chai						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installati • Mote • Com • Pay o • Pay o • Fire p	on: Non-resid I, hotel nercial cable cable-add'l char protection						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installati • Mote • Comi • Pay o • Pay o • Fire p • Burg	on: Non-resid I, hotel mercial cable cable-add'I char protection ar protection						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installati • Mote • Com • Pay o • Pay o • Fire p • Burg	on: Non-resid I, hotel mercial able able-add'l char protection ar protection <b>rvices:</b>						
	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)	RATE	Installati • Mote • Comi • Pay o • Pay o • Fire p • Burgi Other se	on: Non-resid I, hotel mercial cable cable-add'I char protection ar protection <b>rvices:</b> nnect						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Comi • Pay o • Pay o • Fire p • Burgi Other sec • Recco • Disco	on: Non-resid I, hotel mercial cable cable-add'I char protection ar protection rvices: nnect onnect		······································				
	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)	RATE	Installati • Mote • Comi • Pay o • Pay o • Fire p • Burgi Other se • Reco • Disco • Outle	on: Non-resid I, hotel mercial cable cable-add'I char protection ar protection <b>rvices:</b> nnect	nnel					

Inting Period:	2020/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	CEQUEL COMMUNIC	ATIONS LLC		062801					
	PRIMARY TRANSMITTERS: TELEVISION								
G		entify every television station (including m during the accounting period, <i>excep</i>	· · · · · ·	,					
Ŭ		n effect on June 24, 1981, permitting t							
ary itters:		δ.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 ibstitute program basis, as explained in the next paragraph.							
vision	Substitute Basis Stations	: With respect to any distant stations c	arried by your cable system on a sub	stitute program					
	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the</li> </ul>								
	station was carried only on	a substitute basis.							
		also in space I, if the station was carrie on concerning substitute basis stations							
	Column 1: List each station	n's call sign. <i>Do not</i> report origination	program services such as HBO, ESP	N, etc. Identify each					
	"WETA-2" as the same on t	d with a station according to its over-the the form.	e-air designation. For example, repo	rt multistream					
		el number the FCC assigned to the tele	evision station for broadcasting over t	he 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					
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),							
	For the meaning of these te	erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,					
		n of each station. For U.S. stations, lis							
	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					
	WATM-1	23	N	ALTOONA, PA					
	WJAC-1	6	Ν	JOHNSTOWN, PA					
ecessary	WKBS-1	47	l	ALTOONA, PA					
	WPCW-1	19	<b>I</b>	PITTSBURGH, PA					
	WPSU-1	3	E	CLEARFIELD, PA					
	WTAJ-1	10	Ν	ALTOONA, PA					
	WWCP-1	8	I	JOHNSTOWN, PA					

EGAL NAME OF								SYSTEM 062
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LE CION	7 101 01 1 101	0/D		ON LEE OIGHT		0/D		

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					062801
	SUBSTITUTE CARRIAG				G			
I I					-	tion that you	r ooblo ovo	tom corriad on a
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	rision nroa	ram
Statement and		-		frouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	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				
				asting the substitute prog		aanaad hu th	a FOO ar	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	: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 that	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		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	
							-	
							• <u>•</u>	
						_		
						_		
						_		
						-		
						_		
					·			
						_		
						_		
					·			
1		1	1		1			1

Accounting Period:	2020/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SI	STEM ID# 062801
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary tran- ow to compute th	smission service is amount, se	,014.70
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informati	s than \$527,60(	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	t you must pay for	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 and	d 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	more than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	139,014.70	-	
	3. Subtract line 2 from line 1	124,785.30	_	
	4. Enter the amount of gross receipts from space K	\$	139,014.70	
	5. Enter the amount from line 3	\$	124,785.30	
	6. Subtract line 5 from line 4	\$	14,229.40	
	7. Multiply line 6 by .005 (enter figure here)		\$	71.15
	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		\$	71.15
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	ut less than \$527	7,600)	
	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 1	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)		71.15	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	91.15
	EFT Trace # or TRANSACTION ID #		]	
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form and the Excel ins			

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062801
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	7 45
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
O Certification	Address       3015 S SE LOOP 323 (Number, street, rural route, apartment, or sulte 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)         • 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	
	<ul> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	vner of the cable system
	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	

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Sequel communications LLC       Special Statement 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         The actellite carriers to satellite carrier(s) below	ccounting Period: 2020/1	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CORCENTING GROSS RECEIPTS EXCLUSIONS         The Sabelite Home Viewer Act of 1988 amended Tife 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing series:       The Sabelite Home Viewer Act of 1988 amended Tife 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- sorbers and amounts collected from subscripters nearbing sector provide transmissions provide the cable system scale and the cable system for the basic series and amounts collected from subscripters receiving sector provide transmissions made by satellite carriers to satellite dish owners?       P         Image: Im	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statilite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following serience: In determining the total number of subsorbers and the gross amounts paid to the cable system for the basis excises and amounts collected from subsorbers eace the gross amounts paid to the cable system for the basis excises and amounts collected from subsorbers eace the gross amounts paids the system fail to full chude sub- sorbers and amounts collected from subsorbers eace the gross amounts pairs in the cable system for the basis totaced in the paper SA1-2 form.  Dring the accounting period, dd the cable system exclude any amounts of gross receipts for secondary transmissions mate by satellite cartiers to satellite dath owners?  Mo  YES. Enter the total here and list the satellite cartier(s) below.  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.  Line 1 Enter the amount of late payment or underpayment.  Interest Assessment Line 2 Multiply line 1 by the interest rate <sup>4</sup> and enter the sum here  * 0.00274  Line 4 Multiply line 2 by the number of days late and enter the sum here  * 0.00274  Line 4 Multiply line 3 by 0.00274 <sup>4+</sup> and enter here  m pape 2.1, page 6) block 1, line 2, or block 2 line 8, or block 3 line 6  * 0.00274  Line 4 Multiply line 3 by 0.00274 <sup>4+</sup> and enter here m pape 2.1, page 6) block 1, line 2, or block 2 line 8, or block 3 line 6  * 0 to wree  * 0.00274  * This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  Owner  Address D number First community served D number	EQUEL COMMUNICATIONS LLC	06280
VES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Maining Address         Maining Address       Maining Address         Maining Address       Maining Address         Maining Address       Maining Address         Maining Address       Maining Address         INTEREST ASSESSMENT       Maining Address         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.       x         Line 2       Multiply line 1 by the interest rate* and enter the sum here       x       .         Line 3       Multiply line 2 by the number of days late and enter the sum here .       x       .       .         x       .       .       .       .       .       .       .         Line 3       Multiply line 2 by the number of days late and enter the sum here .       .	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <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> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address       Mailing Address       Interest Assessment.         Vou must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       CQ         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment.         Line 1       Enter the amount of late payment or underpayment.       x		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments and enter the sum here in the payment or underpayment.       Image: Complete this worksheet for those royalty payments and enter the sum here in the sum here is a constant the Licensing Division at (202) 707-8160 or licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8160 or licensing/@copyright.gov.       Image: Complete the original filling.         Owner       Address       Image: Complete the original filling.       Image: Complete the original filling.         Owner       Commer       Image: Community served       Image: Community served </td <td></td> <td></td>		
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Line 3 Multiply line 2 by the number of days late and enter the sum here	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 Interest Assessmen
x 0.00274         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		_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		_
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       ID number         First community served       Image: Community served	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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		
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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.