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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	03/01/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corpo		iary of another corporation, give the full corpo	orate title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee paym		ne last day of the accounting period should sub iod.	omit a single
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	003781
	LEGAL NAME OF OWNER/MAILING			
	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 n	umber)		
	TYLER, TX 75701 (City, town, state, zip)			
C	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 2			
System	1			
	SALLISAW, OK			

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.

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

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

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
	CEQUEL COMMUNICATIONS LLC	00378
D	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	SALLISAW	OK
Community		
dd Dawe as Nasaasaa		
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM ID
Name									00378
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission :	service of	the cable	
_	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hla avatam	brokon	
scribers and	down by categories of secondary	•					-		
Rates	each category by counting the n	•		•		•			
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ly standa		5 Within a		
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not							0,	
	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.		0						
	BLC	DCK 1 NO. OF					BLOC	< 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		238	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		16	45.95					
	Converter								
	Residential Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
F	In General: Space F calls for rat	`	'		•	, ,			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
	amount of the charge and the ur	vit in which it ic	ueually					rogram basis	
Other Than			usually	billed. If any ra	tes are ch	arged on a vari	able per-p	logram basis,	
Secondary	enter only the letters "PP" in the	rate column.		2		C		logiani basis,	
		rate column. te charged by tl	he cable	e system for ea	ch of the a	applicable servi	ces listed.	°	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat	rate column. te charged by tl t your cable sys	he cable stem fur	e system for ea nished or offere	ch of the a	applicable servi the accounting	ces listed. period that	t were not	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by th t your cable sys separate charg	he cable stem fur e was n	e system for ea nished or offere nade or establis	ch of the a	applicable servi the accounting	ces listed. period that	t were not	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by the t your cable syst separate charg tion and includ	he cable stem fur e was n e the ra	e system for ea nished or offere nade or establis te for each.	ch of the a ed during hed. List	applicable servi the accounting	ces listed. period that	t were not	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE	he cable stem fur e was n e the ra CK 1 CATEG	e system for ea nished or offere nade or establis te for each.	ch of the a ed during hed. List	applicable servi the accounting	ces listed. period that vices in the	t were not e form of a	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE	he cable stem fur e was n e the ra CK 1 CATEG Installa	e system for ea nished or offere- nade or establis ite for each. ORY OF SER\ ition: Non-resi	ch of the a ed during hed. List	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by ti t your cable sys separate charg tion and includ BLOC RATE 17.00	he cable stem fur e was n e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot	e system for ea nished or offere- nade or establis te for each. GORY OF SER\ titon: Non-resi tel, hotel	ch of the a ed during hed. List	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE	he cable stem fur e was n e the ra CK 1 CATEG Installa • Mot • Cor	e system for ea nished or offere nade or establis ite for each. CORY OF SERV tion: Non-resi rel, hotel nmercial	ch of the a ed during hed. List	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by ti t your cable sys separate charg tion and includ BLOC RATE 17.00	he cable stem fur e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay	e system for ea nished or offere nade or establis te for each. GORY OF SERV ntion: Non-resi rel, hotel nmercial r cable	ch of the a d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RATE
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Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by ti t your cable sys separate charg tion and includ BLOC RATE 17.00	he cable stem fur e was n e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay • Fire	e system for ea nished or offere- nade or establis te for each. CORY OF SER\ tition: Non-resi rel, hotel nmercial r cable r cable-add'l ch.	ch of the a d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. te charged by ti t your cable sys separate charg tition and includ BLOC RATE 17.00 19.00 99.00	he cable stem fur e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	e system for ea nished or offere nade or establis te for each. ORY OF SERV tition: Non-resi rel, hotel nmercial r cable r cable-add'l ch	ch of the a d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by ti t your cable sys separate charg tition and includ BLOC RATE 17.00 19.00 99.00	he cable stem fur e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bun Other s	e system for ea nished or offere- nade or establis te for each. ORY OF SER\ ition: Non-resi rel, hotel nmercial r cable r cable-add'l ch protection glar protection	ch of the a d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by ti t your cable sys separate charg tition and includ BLOC RATE 17.00 19.00 99.00	he cable stem fur e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Other s • Rec	e system for ea nished or offere- nade or establis te for each. CORY OF SERV titon: Non-resi rel, hotel nmercial r cable r cable r cable-add'l ch p protection glar protection services:	ch of the a d during hed. List /ICE dential	applicable servites accounting these other servites accounting these other servites accounting these other servites account ac	ces listed. period that vices in the	e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by ti t your cable sys separate charg tition and includ BLOC RATE 17.00 19.00 99.00	he cable stem fur e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Fire • Bur • Bur • Other se • Disc	e system for ea nished or offere- nade or establis te for each. GORY OF SERV tion: Non-resi rel, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	ch of the a d during hed. List /ICE dential	applicable servites accounting these other servites accounting these other servites accounting these other servites account ac	ces listed. period that vices in the	e form of a BLOCK 2	RATE

ounting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	CATIONS LLC		003781
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	TELEVISION entify every television station (including ti m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the je)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepu- tions in the paper SA1-2 form. the community to which the station	levision stations) me basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community in noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KETA-1	13	E	OKLAHOMA CITY, OK
	KFSM-1	5	N	FORT SMITH, AR
Rows as Necessary	KFTA-1	24	I	FORT SMITH, AR
	KHBS-1	40	N	FORT SMITH, AR
	KHBS-2	40.2	I-M	FORT SMITH, AR
	KNWA-1	51	N	ROGERS, AR
	KOKI-1	23	I	TULSA, OK
	KOTV-1	6	N	TULSA, OK
	KTUL-1	8	N	TULSA, OK
	KXNW-1	25	I-M	EUREKA SPRINGS, AR

EGAL NAME OF								SYSTEM 003
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag ed by the cable s ne station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se wed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
		0/0				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 003781
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad	fy every non	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> static C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	CONCERN iod, did you ion? ', leave the PROGRA itute progra ce, please a of every nor distant stati gulations, o ies like "mo' Bulls." n was broad sign of the s dcast static adian statio th and day 're "5/7." s when the Example: a er "R" if the	NING SUBST r cable system rest of this pag mon a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst e substitute pro program carrie	TUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra le community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program	"Yes," you mu "Yes," you mu wherever pos program") that d for the prog eral instruction n titles, for ex No." m. station is lice station is lice	twork televis ust complete ssible, if their at, during the ramming of ns for furthe ample, "I Lo ensed by the tified). e numerals, . List the tim 28:30 p.m. s rour system	sion program YES e the progra ir meaning is e accounting f another sta er informatio ove Lucy" or e FCC or, in with the mod hes accurate should be was require	n X NO m s tion n.
	was substituted for program effect on October 19, 1976.	iming that y		s permitted to delete unde	r FCC rules a		ITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
			·					
			·					
							<u> </u>	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	/STEM ID# 003781
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	9,189.13 ss receipts)
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 than or equal to \$2 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 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	1 319 00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 003781
M Channels	to its subscriber 1. Enter the tota	rs, and (2) the cable system's to al number of channels on which	otal num h the cab	Is on which the cable system carried telev ber of activated channels during the acco le	punting period.	10
	on which the	al number of activated channels cable system carried television dcast services	n broadc	ast stations		125
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		DRMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	<u>(903) 579-3152</u>
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)	nent, or sui	te number)		
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	st be cer	tified and signed in accordance with Copy	yright Office regulations)	
Certification		ed, hereby certify that (Check one				
				p) I am the owner of the cable system as id artnership) I am the duly authorized agent		
		in line 1 of space B and that the	e owner is	not a corporation or partnership; or ation) or a partner (if a partnership) of the le		
	I have examined	in line 1 of space B. the statement of account and he te, and correct to the best of my	ereby de	clare under penalty of law that all statement ge, information, and belief, and are made in	ts of fact contained herein	
			X	/s/ Alan Dannenbaum		
				electronic signature on the line above to certi nature using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printed i	name:	ALAN DANNENBAUM		
				PROGRAMMING position held in corporation or partnership)		
		Date:			2/25/2021	

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.

GUEL COMMUNICATIONS LLC 003 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: Image: Communication of the satellite dist of the satellite form subscribers receiving secondary transmissions pursuant to section 119." P 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. Second form subscribers receiving secondary transmissions P Mol YES. Enter the total here and list the satellite carrier(s) below. Second form subscribers in the satellite carrier(s) below. Second form subscribers and and the general instructions located in the gaper SA1-2 form. Name Maining Address Name Maining Address Name Second form subscriber secondary transmissions located in the paper SA1-2 form. Second 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	unting Period: 2020/2	FORM SA1-2E. PAGE
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page: Comparison of interest assessment for one day late. Image: Comparison of interest assessment for one day late. Image: Comparison of interest in the original filing. Image: Comparison of interest page: Comparis	Name Name	
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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Line 3 Multiply line 2 by the number of days late and enter the sum here		Interest Assessment
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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