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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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 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 s already 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:
		WEATHERFORD, OK
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	<b>_</b>	(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 sufficiency of the fling, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004192
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated con unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nity" is the same as a "community unit" as defined in FCC rules: "a nmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area Served	city.	
		STATE OK
First Community	WEATHERFORD HYDRO	OK
-		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	BI E SYSTEM							TEM ID
Name									00419
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	<i>,</i> , ,	,		,			5	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n			•		•			
Nates	separately for the particular serv							scharged	
	Rate: Give the standard rate c								
	unit in which it is generally billed				y standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondarv transmis	ssion servi	ce that cable	
	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 o					I in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A two	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOC	< 2	
		NO. OF		DATE	0.17			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		807	34.99					
	Service to additional set(s)		007	54.55					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		58	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	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								
Other Than	amount of the charge and the ur		usually	billed. If any rate	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e system for eac	h of the	applicable servi	ces listed		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a	separate charg	je was r	nade or establisl	hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resid	lential				
	• Pay cable	17.00		tel, hotel					
	Pay cable—add'l channel	19.00		mmercial					
	Fire protection		-	y cable					
	•Burglar protection		-	/ cable-add'l cha	nnel				
	Installation: Residential	00.00		e protection					
	First set	99.00		glar protection					
	Additional set(s)     EM radio (if concrete rate)	25.00		services:		40.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect connect		40.00			
	Converter					0.5.00			
				tlet relocation ve to new addres		25.00 99.00			

counting Period:				
Name	LEGAL NAME OF OWNER O			SYSTEM II 00419
				00413
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d 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- ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepu- "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	KAUT-1	43	I	OKLAHOMA CITY, OK
	KAUT-1 KETA-1	43 13	E	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
dd Rows as Necessary			I E E-M	
dd Rows as Necessary	KETA-1	13		OKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1	13 13	E-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1	13 13 4	E-M N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1	13 13 4 4	E-M N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1	13 13 4 4 34	E-M N N-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1	13 13 4 4 34 34	E-M N N-M I I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
ld Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1	13 13 4 4 34 34 5	E-M N N-M I I-M N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
ld Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1	13 13 4 4 34 34 5 5 5	E-M N N-M I I-M N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
ld Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1 KOKH-1	13         13         4         4         34         5         5         5         25	E-M N N-M I I-M N N N-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
ld Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1	13         13         13         4         4         34         34         5         5         25         25	E-M N N-M I I-M N N N-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOPX-1	13         13         4         4         34         34         5         5         25         25         62	E-M N N-M I I-M N-M I I-M I I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
łd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOPX-1 KOPX-HD1	13         13         13         4         4         34         34         5         5         25         25         62         62	E-M N N-M I I-M N N-M I I I-M I I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
id Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-HD1 KOCO-HD1 KOKH-1 KOKH-HD1 KOPX-1 KOPX-HD1 KSBI-1	13         13         13         4         4         34         34         5         5         25         25         62         62         52	E-M N N-M I I-M N N-M I I I-M I I-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOPX-1 KOPX-HD1 KSBI-1 KSBI-HD1	13         13         13         13         4         4         34         34         5         5         5         25         25         62         62         52         52	E-M N N-M I I-M N N-M I I I-M I I-M I	OKLAHOMA CITY, OKOKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOPX-1 KOPX-HD1 KSBI-1 KSBI-HD1 KTBO-1	13         13         13         13         4         34         34         5         5         25         25         62         62         52         52         52         14	E-M N N-M I I-M N N-M I I I-M I I-M I	OKLAHOMA CITY, OK
.dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOPX-1 KOPX-1 KSBI-1 KSBI-HD1 KTBO-1 KTBO-HD1	13         13         13         4         4         34         34         5         5         25         25         62         62         52         52         14         14	E-M N N-M I I-M N N-M I I I-M I I-M I	OKLAHOMA CITY, OKOKLAHOMA CITY, OK
dd Rows as Necessary	KETA-1 KETA-HD1 KFOR-1 KFOR-HD1 KOCB-1 KOCB-HD1 KOCO-1 KOCO-HD1 KOKH-1 KOFX-1 KOPX-HD1 KSBI-1 KSBI-1 KSBI-1 KTBO-1 KTBO-HD1 KTUZ-1	13         13         13         4         4         34         34         5         5         25         62         62         52         52         14         14         30	E-M N N-M I I-M N N-M I I I-M I I I-M I I I I I I I I I I I	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK

EGAL NAME OF								SYSTEM
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id	it is carried by monitoring, to prmation abou m. entify the call	y the sys be recei It the Co sign of e	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried.	t the system's hea system's FM ante	adend, and (2) nna, during ce	) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stati this by placing ive the statior	ion's sigi g a checl n's locati	n is AM or FM. hal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FC			
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 (							8YSTEM ID# 004192
	SUBSTITUTE CARRIAGE	-	-		distant static	on that your	cable system	a carried on a
Substitute	substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant stat	ion?				L	YES	NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE		-	ta lina. Llaa abbraviationa i	whorever peo	aible if thai	ir mooning is	
	In General: List each subst clear. If you need more spa Column 1: Give the title	ce, please a	add additional r				-	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	es like "mo Bulls."	vies" or "baske	tball." List specific program	n titles, for ex			n.
	Column 3: Give the call	sign of the s	station broadca	r "Yes." Otherwise enter "N sting the substitute progra	m.			
	<b>Column 4:</b> Give the broat the case of Mexican or Can			e community to which the			e FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		aubatituta nea		-	list the time		h.,
	to the nearest five minutes.			gram was carried by your ( ed by a system from 6:01:′				iy
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules a			was substituted for progra		•	•	
	was substituted for program	ming that y		с с,				
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM			N SUBSTI	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	TIMES — TO	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2020/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: CEQUEL COMMUNICATIONS LLC 004192
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 • 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
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00         Line 1. Royalty fee for accounting period
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 257,363.72
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 257,363.72
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here) \$ 1,254.64
	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 \$ 1,254.64
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	4. Enter the entruit of succession from encode 12
	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) \$ 1,254.64
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,274.64
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 004192
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	otal num h the cab	s on which the cable system carried televis per of activated channels during the accou e	inting period.	21
	2. Enter the tota on which the	I number of activated channels cable system carried television	s n broadca			241
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		RMATION IS NEEDED (Identify an individ	lual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nent, or suit	e number)		
	Email	RODNEY.HASKI	(INS@AI	TICEUSA.COM F	ax (optional	
ο	CERTIFICATION	(This statement of account mus	st be cer	ified and signed in accordance with Copyri	ight Office regulations)	
Certification		d, hereby certify that (Check one			ntified in line 4 of one of	
				<ul> <li>) I am the owner of the cable system as iden</li> <li>rtnership) I am the duly authorized agent of</li> </ul>		
		in line 1 of space B and that the er or partner) I am an officer (if	e owner is	not a corporation or partnership; or ation) or a partner (if a partnership) of the leg		
		te, and correct to the best of my	-	lare under penalty of law that all statements ge, information, and belief, and are made in g		
			X	/s/ Alan Dannenbaum		
				electronic signature on the line above to certify ature using an "/s/ signature" (e.g., /s/ John S	•	
		Typed or printed r	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.

	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	004192
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <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:         <ul> <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> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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