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

STATEMI	=NT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:		
-		ansmissions by	DATE RECEIVED	AMOUNT		
Cable Syste	ms (S	Short Form)		\$	For additional information, contact the U.S. Copyright	
General instru			8/30/21		Office Licensing Division at:	
in the first tab	of this	s workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: ()	YYYY/(Period))		
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			•			
		20211	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period			1			
		Instructions:				
В		Give the full legal name of the owner of t title of the subsidiary, not that of the part		osidiary of another corporation, give the full of	corporate	
Owner		List any other name or names under whic	h the owner conducts the business o	f the cable system.		
		If there were different owners during the single statement of account and royalty f		n the last day of the accounting period shoul Inting period.	d submit a	
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	er assigned by the Licensing Division.	061270	
		LEGAL NAME OF OWNER/MAILIN				
			GADDRESS OF CABLE STSTE	vi		
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	T)		
		SUDDENLINK COMMUNICATIONS				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		3027 S SE LOOP 323	und as			
		(Number, street, rural route, apartment, or suite n TYLER, TX 75701				
	INST	(City, town, state, zip) RUCTIONS: In line 1, give any busin	ness or trade names used to ide	entify the business and operation of t	he system unless these	
С				he system, if different from the addre		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		CANON CITY COMPLEX MAILING ADDRESS OF CABLE SYSTEM	:			
	2					
	2	(Number, street, rural route, apartment, or suite n	umber)			
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	061270
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN CANON CITY	CO
Community	(CANON CITY COMPLEX)	
Rows as Necessary		

	<u> </u>							FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:								
	CEQUEL COMMUNICAT	FIONS LLC							06127		
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES						
E	In General: The information in s	•		-		•					
. .	system, that is, the retransmission										
Secondary Transmission	about other services (including p last day of the accounting period						inose exis	ting on the			
Service: Sub-	Number of Subscribers: Both						ble system	n, broken			
scribers and	down by categories of secondar	, y transmission	service	. In general, yo	u can con	npute the numbe	er of subsc	ribers in			
Rates	each category by counting the n		0	0,0				s charged			
	separately for the particular serv Rate: Give the standard rate c					•	,	ae and the			
	unit in which it is generally billed	-	-	•				-			
	category, but do not include disc							particular rate			
	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 o	once again und	ler "Ser	vice to addition	al 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.	and rates, in th	e ngni-i	Iand Diock. A tv	vo- or the	e-word descript		Service is			
	BLC	DCK 1					BLOC		-		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		0	-							
	 Service to additional set(s) 		0	0							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		24	42.41							
	Converter										
	Residential										
	Non-residential										
					<u> </u>			I			
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					all your cable sys	stem's serv	vices that were			
F	not covered in space E, that is, t	•	,								
. .	service for a single fee. There ar	•			•		0 (,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	-		usually	billed. If ally la		larged on a van	able pei-p	lograffi basis,			
ransmissions:	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.										
Rates	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.							1			
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:	NATE		ation: Non-res		NATE	CATEG	ORT OF SERVICE	NATE		
	Pay cable	_		tel, hotel	aonna						
	Pay cable—add'l channel	-		mmercial							
	Fire protection		_	/ cable							
	•Burglar protection			/ cable-add'l ch	annel						
	Installation: Residential			protection							
	• First set	-		glar protection							
	Additional set(s)	-		services:							
	• FM radio (if separate rate)			connect		-					
		L									
	• Converter		• Dis	connect							
	,			connect tlet relocation		-					
	,		۰Ou		ess						

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			061270
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KKTV-1	11	N	COLORADO SPRINGS, CO
	KOAA-1	5	N	
	KOAA-1 KRDO-1		N	COLORADO SPRINGS, CO
s as Necessary	KRDO-1 KTSC-1			COLORADO SPRINGS, CO
	KTSC-1 KVSN-1	<u>8</u> 48	E	COLORADO SPRINGS, CO PUEBLO, CO
	KVSN-1 KXRM-1	48 21		COLORADO SPRINGS, CO

	OWNER OF OMMUNICA							SYSTEM 0612
	every radio s	station ca	arried on a separate and discronnerally 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 ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C stem whenever it is received a ved 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 ant this point, see pa red by the cable ne station is licer	eadend, and (2 enna, during c age (v) of the g system as a se used by the FC	2) it can ertain st leneral in eparate	be expected, ated intervals. Instructions in the.	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	
						 		
						 		
						 		
					_	 		
						 		
						 		
						 		
						 		
						 		
		ł				<u> </u>		
						1		

							FUI	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
		ATIONS LLC						061270
	SUBSTITUTE CARRIAG	E: SPECIAL ST	TATEME	NT AND PROGRAM L	OG			
	In General: In space I, iden							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				and gonoral m			
Special	 During the accounting pe 				asis, any non	network tel	evision pro	gram
Statement and Program Log	broadcast by a distant sta		-	-	-		YES	× NO
	Note: If your answer is "No	o". leave the rest	of this pa	ge blank. If vour answer	is "Yes." vou	- must comp	-	
	log in block 2.	_ ,		g	, j			- <u>3</u>
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	a distant station a egulations, or auti ries like "movies" . Bulls." m was broadcast l sign of the statio vadcast station's le nadian stations, if nth and day wher ive "5/7." nes when the sub- c. Example: a prop ter "R" if the listed	nd that yu horizatior ' or "bask I live, ente n broadc ocation (t f any, the n your sy: stitute pro gram carr d progran	our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente asting the substitute pro the community to which t e community with which t stem carried the substitu ogram was carried by yo ried by a system from 6:0 n was substituted for pro	uted for the pr eneral instruc ram titles, for r "No." gram. he station is li he station is li te program. U ur cable syste 01:15 p.m. to (gramming tha	ogramming tions for fur example, "I dentified). Ise numeral em. List the 5:28:30 p.m t your syste	of anothe ther inform Love Lucy the FCC of s, with the times accu . should be em was rec	r station hation. " or r, in month urately e guired
	was substituted for program	mming that your s						orogram
	was substituted for program effect on October 19, 1976	mming that your s			nder FCC rule		ations in	
	effect on October 19, 1976	mming that your s	system w	as permitted to delete ur	WHE	s and regul N SUBSTI	TUTE URRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUTE PR	system w	as permitted to delete ur	WHE CARR 5. MONTH	s and regul N SUBSTI	TUTE	7. REASON FO
	effect on October 19, 1976	UBSTITUTE PR	System w COGRAM	as permitted to delete ur	WHE CARR 5. MONTH	s and regula N SUBSTI IAGE OCC 6. 1	TUTE URRED	7. REASON FO
	effect on October 19, 1976	UBSTITUTE PR	System w COGRAM	as permitted to delete ur	WHE CARR 5. MONTH	s and regula N SUBSTI IAGE OCC 6. 1	TUTE URRED	7. REASON FO
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	effect on October 19, 1976	UBSTITUTE PR	System w COGRAM	as permitted to delete ur	WHE CARR 5. MONTH	s and regula N SUBSTI IAGE OCC 6. 1	TUTE URRED	7. REASON FO

Accounting Period:	2021/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC 061270
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 c 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, se 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.
	COPYRIGHT ROYALTY FEE
L 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	o. Interest charge. Enter the amount from line 4, space Q, page 6
	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 \$ 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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	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.

Mamaa	GAL NAME OF OWNER OF CABLE SYSTEM: EQUEL COMMUNICATIONS LLC	SYSTEM ID#
		061270
M Ir Channels 1	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations o its subscribers, and (2) the cable system's total number of activated channels during the accounting period. I. Enter the total number of channels on which the cable system carried television broadcast stations . P. Enter the total number of activated channels on which the cable system carried television broadcast stations . P. Enter the total number of activated channels on which the cable system carried television broadcast stations . P. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	6
	NDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ve can contact about this statement of account.)	
Information	Name RODNEY HASKINS Telephone Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	(903) 579-3152
	TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
Certification	ERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ou in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ou in line 1 of space B. Have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei re true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. U.S.C., Section 1001(1986) Marcine Marcine Marcine Marcine Marcine Marcine Marcine Marcine Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 7/22/201	system as identified vner of the cable system

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

AL NAME OF OWN	2021/1	FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMM	UNICATIONS LLC	06127
The Satellite He lowing sentence "In deter service of scribers	rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
YES. Enter	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
You must comp	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter th	he amount of late payment or underpayment	Interest Assessmen
	v	
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	
	x	
Line 3 Multiply	x days y line 2 by the number of days late and enter the sum here	
Line 3 Multiply Line 4 Multiply in space * To view th	x days y line 2 by the number of days late and enter the sum here	
Line 3 Multiply Line 4 Multiply in space * To view th contact th	xdays y line 2 by the number of days late and enter the sum here	
Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	xdays xdays xdays x 0.00274 x 0.0	
Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	xdays xdays x 0.00274 y line 2 by the number of days late and enter the sum here x 0.00274 y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 x 0.00274 y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please the Licensing Division at (202) 707-8150 or licensing@copyright.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late. re filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an list below the or Owner	xdays y line 2 by the number of days late and enter the sum here x 0.00274 y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ (interest charge) the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please the Licensing Division at (202) 707-8150 or licensing@copyright.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late. re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	

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