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:	
	ary Transmissions by	DATE RECEIVED	AMOUNT		
	ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
-	ictions are located	8/30/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
				-	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
		т			
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		-			
		Barcode Data Filing Period (optiona	L - see instructions)		
	20211				
Accounting Period					
	la stan stierer				
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full o	corporate	
Owner	List any other name or names under whic	ch the owner conducts the business of	the cable system.		
	If there were different owners during the	accounting ported only the purper of	the last day of the seconding pariod should	el a u la vasita a	
	single statement of account and royalty f		the last day of the accounting period should nting period.	u submit a	
	Check here if this is the system's first filin	g. If not. enter the system's ID numbe	r assigned by the Licensing Division.	063192	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ		
			T)		
	BUSINESS NAME(S) OF OWNER O	F CABLE STSTEM (IF DIFFEREN	1)		
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER OF 3027 S SE LOOP 323	CABLE SYSTEM			
	(Number, street, rural route, apartment, or suite n	umber)			
	TYLER, TX 75701				
_	(City, town, state, zip) INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ide	antify the husiness and operation of t	he system unless these	
С	names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	SHERIDAN CORRECTION	AL FACILITY			
	MAILING ADDRESS OF CABLE SYSTEM	l:			
	2 (Number, street, rural route, apartment, or suite n	umber)			
	(City, town, state, zip code)				
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Convright Office to collect th	e personally identifying information (PII) reque	ested on this	

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	063192
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr 35.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
First	CITY OR TOWN SHERIDAN	STATE IL
Community	(SHERIDAN CORR)	
Rows as Necessary		

	· · · · · · · · · · · · · · · · · · ·								A1-2E. PAC
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY	STEM I
	CEQUEL COMMUNICAT	FIONS LLC							0631
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmission					•			
Secondary Fransmission	about other services (including plast day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv			0,0				charged	
	Rate: Give the standard rate of					•	,	and the	
	unit in which it is generally billed	-	-	•				-	
	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					d in the count ur	der "Servi	ce to the	
	first set" and would be counted o	0			( )		different f		
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,		
	sufficient.		Ŭ		_	•			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				0,111			000001102110	
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		45	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				:e				•
_	In General: Space F calls for ra					all your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t	hose services	that are	e not offered in	combinatio	on with any seco	ondary trar	smission	
<b>.</b> .	service for a single fee. There are	•			0				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	blice. If any i		larged on a van		ogram basis,	
	Block 1: Give the standard rat	te charged by t				••			
ransmissions:		t your cable sy		rnished or offe	-	the accounting			
Rates	Block 2: List any services that					-			
	listed in block 1 and for which a			made or estab	ished. List	-	vices in the		
	-	otion and inclue	de the r	made or estab	ished. List	-	vices in the		
	listed in block 1 and for which a brief (two- or three-word) descrip	otion and inclue BLO	de the r CK 1	made or establ ate for each.		these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and inclue	de the r CK 1 CATEC	made or establ ate for each. GORY OF SER	VICE	-			E RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and inclue BLO	de the r CK 1 CATEC Install	made or establ ate for each. GORY OF SER ation: Non-res	VICE	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and inclue BLO	de the r CK 1 CATEC Install	made or establ ate for each. GORY OF SEF ation: Non-res tel, hotel	VICE	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co	made or establ ate for each. GORY OF SER ation: Non-res	VICE	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa	made or establ ate for each. GORY OF SEF <b>ation: Non-res</b> tel, hotel mmercial	VICE	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	made or establ ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable	VICE	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l c	WICE idential	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	WICE idential	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a 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	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu Other	made or establ ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l cl e protection rglar protectior	WICE idential	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a 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 • Additional set(s)	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Fin • Bui Other • Re	made or establ ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	WICE idential	these other ser		BLOCK 2	E RAT
	listed in block 1 and for which a 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 • Additional set(s) • FM radio (if separate rate)	otion and inclue BLO	de the r CK 1 CATEC Installi • Mo • Co • Pa • Fird • Bui • Bui • Bui • Re • Dis	made or establ ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services: connect	WICE idential	these other ser		BLOCK 2	E RAT

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063192
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	TELEVISION entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (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 indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	FCC. For Mexican or Canac	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	he community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	WBBM-1	2	N .	
	WCIU-1	26	•	CHICAGO, IL
Rows as Necessary	WFLD-1	32	-	
	WGBO-1	66	I	JOLIET, IL
	WGN-1	9	l	
	WLS-1	7	N	CHICAGO, IL
	WMAQ-1	5	Ν	CHICAGO, IL
	WPWR-1	50	<b>I</b>	GARY, IN
	WSNS-1	44	l	CHICAGO, IL
	WTTW-1	11	E	CHICAGO, IL

CEQUEL CO	MMUNICA	TIONS	LLC					063 <sup>,</sup>
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under 0 tem whenever it is received a ved at the headend, with the pyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. hstructions 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	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
					·····			
			· · · · · · · · · · · · · · · · · · ·		·			

Accounting Perio						1014	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF						SYSTEM ID
	CEQUEL COMMUNICA	ATIONS LLC					063192
_	SUBSTITUTE CARRIAG	E: SPECIAL STATE	IENT AND PROGRAM LC	G			
			evision program, broadcast by				
			specific present and former F d in this log, see page (v) of t				
Substitute Carriage:	1. SPECIAL STATEMEN			ine general ins		ie paper 3	A 1-2 10111.
Special			tem carry, on a substitute ba	asis. anv noni	network telev	ision proa	ram
Statement and Program Log	broadcast by a distant sta		<b>,</b> ,	, ,		YES	× NO
• •			page blank. If your answer i	s "Ves " vou i	must complet		
	log in block 2.		page blank. If your answer i	s res, your	nusi complet	te the proj	yrann
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes.	a distant station and tha egulations, or authoriza ries like "movies" or "ba . Bulls." m was broadcast live, e sign of the station broa adcast station's location hadian stations, if any, i nth and day when your ve "5/7."	elevision program ("substitute t your cable system substitu- ions. See page (v) of the ge sketball." List specific progra nter "Yes." Otherwise enter dcasting the substitute prog n (the community to which th he community with which th system carried the substitute program was carried by you arried by a system from 6:0"	ted for the pro- neral instruct am titles, for e "No." ram. le station is liv e station is id e program. U r cable syste	ogramming o ions for furthe example, "I Lo censed by the entified). se numerals, m. List the tin	f another er informa ove Lucy" e FCC or, with the r nes accur	station ttion. or in nonth
	to delete under FCC rules a	and regulations in effect	am was substituted for prog t during the accounting perio	od; enter the	etter "P" if the	e listed pr	
	<b>Column 7:</b> Enter the lett to delete under FCC rules a	and regulations in effect mming that your system		od; enter the l der FCC rules	etter "P" if the and regulati	e listed prions in	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in effect nming that your system	t during the accounting period was permitted to delete uno	od; enter the l der FCC rules WHE CARRI	etter "P" if the and regulati N SUBSTITI	e listed pr ions in UTE RRED	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in effec nming that your system	t during the accounting period was permitted to delete und M	d; enter the l der FCC rules WHE	etter "P" if the and regulati	e listed pr ions in UTE RRED	ogram 7. REASON FOL
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Accounting Period:	<b>2021/1</b> FOF	RM SA1-2E. PAGE 6.
Name		SYSTEM ID#
Hame	CEQUEL COMMUNICATIONS LLC	063192
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 to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	ervice
_	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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-mo accounting period is \$52.00	nth
	Line 1. Royalty fee for accounting period	52.00
	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 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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	0.00
		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	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) \$ 1,319.0	00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.0	00
	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.0	<u>)0</u>
	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 Copyrig See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063192
<b>M</b> 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	10 43
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       RODNEY HASKINS	(903) 579-3152
Information	Address       Address     3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)       TYLER, TX 75701 (City, town, state, zip)       Email     RODNEY.HASKINS@ALTICEUSA.COM   Fax (optional)	
O Certification	CERTIFICATION (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; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  Market System Correct is the analysis of the statement. 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:  Syp, PROGRAMMING  (Title of official position held in corporation or partnership)	system as identified mer of the cable system
	Date: 7/22/2021	

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 fing, a determination that would be made by a court of law.

	2021/1	FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM II
QUEL COMM	UNICATIONS LLC	06319
The Satellite He lowing sentence "In deter service scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: 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
During the acco	aper SA1-2 form. ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
X NO		
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST A	ASSESSMENT	
You must comp	plete 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
For an explana	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explana		Q Interest Assessme
For an explana	he amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter th Line 2 Multiply	he amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply	he amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply	he amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	he amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	he amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply in space * To view th contact th ** This is th NOTE: If you a	he amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply in space * To view th contact th ** This is th NOTE: If you a	he amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the or Owner	he amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the or Owner Address	he amount of late payment or underpayment	Q Interest Assessme

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