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)	0/00/04	\$	For additional information, contact the U.S. Copyright
General instru	uctions are located	8/30/21		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))	
		-		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
	20211	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting		1		
Period				
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	corporate
Owner	List any other name or names under which	ch the owner conducts the business of	the cable system.	
	-		the last day of the accounting period shoul	d submit a
	single statement of account and royalty f	ee payment covering the entire accou	nting period.	063778
	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.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite n	umber)		
	TYLER, TX 75701			
	(City, town, state, zip)	and ar trade names used to ide	antify the hypinese and exerction of t	he aveter unless these
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	MURPHYSBORO LIFE SKI			
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
L	· · · ·			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

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:
Name	CEQUEL COMMUNICATIONS LLC	06377
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	(MURPHYSBORO LIFE SKILLS RE-ENTRY CENTER) MURPHYSBORO	L
Add Rows as Necessary		

	T								A1-2E. PA
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY	STEM
	CEQUEL COMMUNICAT	TIONS LLC							063
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmission					•			
Secondary Transmission	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	0,0				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							0,	
	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	no no the opp	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,		
	sufficient.				_	•			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	002001112			0,			0000011002110	
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		12	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	
	service for a single fee. There are	•			0		0.0		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuany	blied. If driy i				ogram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by f				••			
	Block 2: List any services that	• •		rnished or offe	-	-			
Rates	-	acherate chare	ie was	mada an astabl		these stheses	vices in the	e iorm of a	
	listed in block 1 and for which a				isned. List	these other ser			
	-	ption and inclue	de the r		Isned. List	these other ser	1		
	listed in block 1 and for which a brief (two- or three-word) descrip	otion and inclue BLO	de the r CK 1	ate for each.				BLOCK 2	FRA
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	de the r CK 1 CATEC	ate for each. GORY OF SER	VICE	RATE			ERA
	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	ate for each.	VICE			BLOCK 2	ERA
	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	ate for each. GORY OF SER ation: Non-res	VICE			BLOCK 2	ERA
	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	ate for each. GORY OF SEF ation: Non-res tel, hotel	VICE			BLOCK 2	ERA
	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	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial	VICE			BLOCK 2	ERA
	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	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable	VICE			BLOCK 2	ERA
	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	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l c	WICE idential			BLOCK 2	ERA
	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	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	WICE idential			BLOCK 2	ERA
	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	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Fire • Bu Other	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable e protection rglar protectior	WICE idential			BLOCK 2	ERA
	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 • Pa • Fin • Bui Other • Re	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			BLOCK 2	ERA
	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 Install • Mo • Co • Pa • Fire • Bui Other • Re • Dis	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			BLOCK 2	

ccounting Period:	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		063778
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations	TELEVISION entify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c illes, regulations, or authorizations:	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a
	Do not list the station here station was carried only on List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations of s call sign. <i>Do not</i> report origination I with a station according to its over-th	ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	on some other ns. I, etc. Identify each multistream e air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI-1	23		CAPE GIRARDEAU, MO
	KFVS-1	12	N	CAPE GIRARDEAU, MO
as Necessary	WPSD-1	6	Ν	PADUCAH, KY
	WSIL-1	3	N	HARRISBURG, IL

EGAL NAME OF								SYSTEM
	t 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 Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be receint t the Co sign of the he static ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s le 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. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN	AIVI OF FIM	5/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	5/0	LOCATION OF STATION	
			·					
						l		
			·					

Accounting Perio								RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	CEQUEL COMMUNICA	ATIONS LL	.0					063778
	SUBSTITUTE CARRIAG	E: SPECIAI	L STATEME	NT AND PROGRAM L	.OG			
	In General: In space I, ident							
	substitute basis during the a explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				i tile general ini		ine paper	3A 1-2 101111.
Special	During the accounting per				oasis. anv noni	network tele	evision pro	aram
Statement and Program Log	broadcast by a distant sta		,	<i>.</i>	, ,	Γ	YES	
• •	Note: If your answer is "No		rest of this na	ae blank. If your answe	is "Ves " vouu	⊔ must.comp		
	log in block 2.	, leave the i	rest of this pa	ige blank. If your answe	is res, your	musi comp	ete trie pro	gran
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	a distant static egulations, or ries like "mov . Bulls." m was broadd sign of the si adcast station nadian statior nth and day v ive "5/7." nes when the . Example: a	ion and that y r authorization vies" or "bask dcast live, ente station broadc on's location (f ns, if any, the when your sy substitute pro-	our cable system substi- ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente- asting the substitute pro- the community to which community with which stem carried the substitu- ogram was carried by yo	uted for the pro- general instruct ram titles, for e r "No." gram. the station is li he station is id ute program. U pur cable syste	ogramming tions for fur example, "I censed by lentified). se numeral m. List the	of another ther inform Love Lucy the FCC or s, with the times accu	station ation. " or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the li and regulatio	ons in effect d	uring the accounting pe	riod; enter the	letter "P" if	the listed p	
	Column 7: Enter the lett	ter "R" if the li and regulatio mming that yo	ons in effect d	uring the accounting pe	riod; enter the nder FCC rules	letter "P" if s and regula	, the listed p ations in	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatio mming that yo b. UBSTITUTE	ons in effect d our system w	uring the accounting pe as permitted to delete u	iod; enter the nder FCC rules WHE CARRI	letter "P" if s and regula N SUBSTI AGE OCC	the listed p ations in TUTE URRED	7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatio mming that yo b. UBSTITUTE 2. LIVE? 3	ons in effect d our system w	uring the accounting pe as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regula N SUBSTI AGE OCC	the listed p ations in TUTE	rogram
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatio mming that yo b. UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting pe as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regula N SUBSTI AGE OCC 6. 1	the listed p ations in TUTE URRED TMES	7. REASON FO
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Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name		SYSTEM ID#
Hame	CEQUEL COMMUNICATIONS LLC	063778
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amopage (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.	ion service
	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 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. 	,80(
	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 si accounting period is \$52.00	ix-month
	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
	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	
	4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	319.00
	 a. Royally due on the linst \$255,000 of gross receipts (under statutory formula)	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 REMITTAINCE DUE	
Filing Fee and Total Remittance	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)	15.00
	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 Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063778
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	4
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		(903) 579-3152
	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) of the legal entity identified as ov 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 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)] There an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	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 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
AL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM II
QUEL COMM	UNICATIONS LLC	06377
The Satellite Ho lowing sentence "In deter service o 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?	
	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
You must comp	ASSESSMENT 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
Line 1 Enter th	he amount of late payment or underpayment	Interest Assessme
	y line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply	x	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply	x	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	x	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	x	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	x	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you ar list below the out	x	Interest Assessme

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