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 COPYRIGH	T 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.	03/01/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20212 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.	027673
		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	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
	INCT	h	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		CALDWELL, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 027673
D Area Served	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	porated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known e filings.
	CITY OR TOWN	STATE
First Community	CALDWELL	TX
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name									02767
Е	SECONDARY TRANSMISSION		-	-	-				
L	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							g en ale	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Rales	separately for the particular serv							chargeu	
	Rate: Give the standard rate of	harged for eac	h catego	ory of service. I	nclude bo	oth the amount of	the charg		
	unit in which it is generally billed				ny standar	rd rate variations	within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of serv	ondary transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					I in the count und	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	o- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	< 2	
		NO. OF		D 4 T C				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		106	34.99					
	Service to additional set(s)		100	54.99					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		14	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
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		,		0		υ.,		
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a varia	ble per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	system for ea	ch of the a	applicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	ices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the ra	te for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res	idential				
	•		• Mot	el, hotel					
	• Pay cable	17.00	~						
	• Pay cable • Pay cable—add'l channel	17.00 19.00	-	nmercial					
	 Pay cable Pay cable—add'l channel Fire protection 		• Pay	cable	oppol				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pay • Pay	[,] cable [,] cable-add'l ch	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	19.00	• Pay • Pay • Fire	r cable r cable-add'l ch e protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	19.00 99.00	• Pay • Pay • Fire • Bur	r cable r cable-add'l ch r protection glar protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	19.00	• Pay • Pay • Fire • Bur Other s	cable cable-add'l ch protection glar protection services:	annel	40.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	19.00 99.00	• Pay • Pay • Fire • Bur • Bur • Rec	r cable r cable-add'l ch protection glar protection services: connect	annel	40.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	19.00 99.00	• Pay • Pay • Fire • Bun Other s • Rec • Disc	cable cable-add'l ch protection glar protection services:	annel	40.00			

ounting Period: 2	2021/2			FORM SA1-2E. PAGE 3
Name				SYSTEM ID# 027673
	CEQUEL COMMUNIC. PRIMARY TRANSMITTERS:			02/0/
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(et substitute program basis, an 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WE Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	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- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections attions carried on a bstitute program Log)—if the o on some other tions. 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
	KAGS-1	23	N	BRYAN, TX
	KAMU-1	15	E	COLLEGE STATION, TX
Necessary	КВТХ-1	3	Ν	BRYAN, TX
	KBTX-2	3.2	I-M	BRYAN, TX
	KRHD-1	40	N-M	BRYAN, TX
	КТВС-1	7	I	AUSTIN, TX
	KWKT-1	44	I	WACO, TX
	KYLE-1	28	I	BRYAN, TX

EGAL NAME O								SYSTEM 027(
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sy be rece it the Co I sign of the stati ion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which , the community with which th	at the system's h e system's FM ar this point, see p ssed by the cable the station is lice	headend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
			Г. <u></u>	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C					027673
	SUBSTITUTE CARRIAGE			NT AND PROGRAM I O	G			
1	In General: In space I, identi	-	-		-	ion that you	ır cahla sveta	m carried on a
•	substitute basis during the ad							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion program	ı
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	Natas If your analysis "Na	"		- blank Kusun anaurania	"	∟ فدا سنسم فد.	-	-
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete	e the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			e line. Use abbreviations	wherever nos	sihle if thei	ir meanina is	
	clear. If you need more space				wherever pee		in mouning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, req Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				p.o, . =o		
	Column 2: If the program							
	Column 3: Give the call s Column 4: Give the broa	sign of the s	station broadca	sting the substitute progra	am. Astation is lico	neod by the	ECC or in	
	the case of Mexican or Can						51 CC 01, III	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	program came	eu by a system nom 0.01.	15 p.m. to 0.2	0.30 p.m. s		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulation	ons in	
					11			T
		IIBSTITIIT	E PROGRAM			EN SUBST IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
					-			
			+		-			
			+		-			
							_	
							_	
			[-			
							_	
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			L				_	
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			1		-			

Accounting Period:	2021/2 FORM SA1-2	2E. PAGE 6.
Name		TEM ID#
Name	CEQUEL COMMUNICATIONS LLC	027673
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.	70.38 eceipts)
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-mon accounting period is \$52.00.	
	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	
	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)	
	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)	
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 #	
	<u>Important</u> : 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:	2021/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC		SYSTEM ID# 027673
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	rs, and (2) the cable system's al number of channels on whi d television broadcast stations al number of activated channe cable system carried televisio	s	
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual unt.)	
for Further Information	Name	RODNEY HASKINS		Telephone (903) 579-3152
	Address	3027 S SE LOOP 32	3	
		(Number, street, rural route, apa	rtment, or suite number)	
		(City, town, state, zip)		
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM Fax (optional)	
0	CERTIFICATION	l (This statement of account r	nust be certified and signed in accordance with Copyright Office r	regulations)
Certification	• I, the undersign	ed, hereby certify that (Check	one, <i>but only one</i> , of the boxes.)	
	(Owne	er other than corporation or	partnership) I am the owner of the cable system as identified in line	1 of space B; or
			ration or partnership) I am the duly authorized agent of the owner of owner is not a corporation or partnership; or	f the cable system as identified
		cer or partner) I am an officer line 1 of space B.	(if a corporation) or a partner (if a partnership) of the legal entity iden	tified as owner of the cable system
		te, and correct to the best of m	d hereby declare under penalty of law that all statements of fact conta y knowledge, information, and belief, and are made in good faith.	nined herein
			X /s/ Alan Dannenbaum	
			Enter an electronic signature on the line above to certify this statem Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ent.
		Typed or printe	ed name: ALAN DANNENBAUM	
		Title: (Title of	SVP, PROGRAMMING official position held in corporation or partnership)	
		Date:	2/1/2022	

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 the 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 telephoi 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lav

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS P The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: 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." Special Statement	unting Period: 2021/2	FORM SA1-2E. PAG
	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
The Stelline Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions operation to acale system for the basic service of providing secondary transmissions operation to acale system for the basic service of providing secondary transmissions pursuant to section 119." For more information on when the exclude these amounts, see the note on page (vii) of the general instructions tocated in the page SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions mede by satellite carriers to satellite dark owners? Wester the total here and list the satellite carrier(s) below. Name Maining Address Name Maining Address Name Maining Address Line 1 Enter the amount of late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 2 Multiply line 1 by the interest rate' and enter the sum here. 10.00274 Line 4 Multiply line 1 by the interest rate' and enter the sum here . 10.00274 Line 4 Multiply line 3 by 0.00274** and enter here 10.1 in site decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: Hyou are fling this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address Dirumber First community served	QUEL COMMUNICATIONS LLC	0276
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? No YES. Enter the total here and list the satellite carrier(s) below	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners? YES. Enter the total here and list the satellite carrier(s) below\$ Name Maing Address <pm< td=""><td></td><td></td></pm<>		
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as result of the copyright govilicensi	made by satellite carriers to satellite dish owners?	
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. Interest Assessment Line 1 Enter the amount of late payment or underpayment.	X NO	
Mailing Address Mailing Address Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted to the Copyright of the paper SA1-2 form. Image: Complete this worksheet for those royals payments and account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Cowner Notices Image: Community served Image: Community served Ima	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of Comparison of Comparison of Comparison of Comparison of Comparison of Interest assessment. Image: Comparison of Compari		
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x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	x	Interest Assessm
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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 th 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 filing, a determination that would be made by a court of law.