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	 Return completed workbook by email to 								
		ransmissions by	DATE RECEIVED	AMOUNT								
	-	Short Form)	DATE NEOLIVED	AWOONT	<u>coplicsoa@copyright.gov</u>							
	(\$	For additional information,							
General instru	uctions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at							
in the first tab	of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.							
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))								
1			1									
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31								
		20212	Barcode Data Filing Period (optional	- see instructions)								
		20212										
Accounting Period												
Fellou												
		Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subsid	diary of another corporation, give the full corp	orate title							
В		of the subsidiary, not that of the parent of		, , ,, ,, ,, ,, ,,								
Owner		List any other name or names under which the owner conducts the business of the cable system.										
1												
1		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.										
1		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
1												
l I		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
1	CEQUEL COMMUNICATIONS LLC											
1	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)											
1	SUDDENLINK COMMUNICATIONS											
1		MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
1	3027 S SE LOOP 323											
		(Number, street, rural route, apartment, or suite number)										
1		TYLER, TX 75701 (Ctty. town, state, zip)										
•	INST	RUCTIONS: In line 1, give any busi	ness or trade names used to ider	ntify the business and operation of the	system unless these							
С	name	es already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM:										
i i i i i i i i i i i i i i i i i i i	· ·	LEXINGTON, MO										
		MAILING ADDRESS OF CABLE SYSTEM	:									
				2 (Number, street, rural route, apartment, or suite number)								
	2	(Number, street, rural route, apartment, or sulte n	umber)									
	2		umber)									
	2	(Number, street, rural route, apartment, or suite n (City, town, state, zip code)	umber)									

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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II								
Name	CEQUEL COMMUNICATIONS LLC	03317								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.									
Fired	CITY OR TOWN LEXINGTON	STATE MO								
First Community	NAPOLEON	MO								
dd Rows as Necessary										

								FORM SA1-				
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID#										
	CEQUEL COMMUNICAT			03317								
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES							
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
Coordon	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Secondary Fransmission							nose exis	ing on the				
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).											
	separately for the particular server Rate: Give the standard rate of					•	,	no and the				
	unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	· ·			ny standa		o within a					
	Block 1: In the left-hand block	t in space E, th	e form l	ists the catego	ies of sec	ondary transmis	sion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not categories, that person or entity			-		-						
	subscriber who pays extra for ca					0,						
	first set" and would be counted once again under "Service to additional 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 a sufficient.	and rates, in th	e right-r	and block. A tv	vo- or thre	e-word descript	on of the s	service is				
		OCK 1					BLOCK	< 2				
		NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CAT	EGORT OF SEP	VICE	SUBSCRIBERS	RAIL			
	Service to first set		302	34.99								
	Service to additional set(s)		302	54.99								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		14	45.95								
	Converter			43.33								
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S							
F	In General: Space F calls for ra	te (not subscril	ber) info	rmation with re	spect to a	ll your cable sys	tem's serv	vices that were				
	not covered in space E, that is, t											
Services	service for a single fee. There and furnished at cost or (2) services	•			•		0.0	,				
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the	rate column.		-		-		0				
ransmissions:	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) descrip											
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-res								
	• Pay cable	17.00	• Mo	tel, hotel								
	• Pay cable—add'l channel	19.00		nmercial								
	Fire protection		•Pa	/ cable								
	•Burglar protection		-	/ cable-add'l ch	annel							
	Installation: Residential		-	e protection								
	First set	99.00		glar protection								
	 Additional set(s) 	25.00		services:								
	• FM radio (if separate rate)			connect		40.00						
	, , ,											
	Converter		- Dis	connect								
	• Converter			connect tlet relocation		25.00						
	• Converter		• Out		ess	25.00 99.00						

ccounting Period:	2021/2			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER O			SYSTEM ID: 03317						
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream 									
	of license. For example, W	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. h case whether the station is a network								
		ering the letter "N" (for network), "N-M" (•							
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KCPT-1	19	E	KANSAS CITY, MO						
	КСТV-1	5	Ν	KANSAS CITY, MO						
Add Rows as Necessary	KCWE-1	29	l	KANSAS CITY, MO						
	КМВС-1	9	Ν	KANSAS CITY, MO						
	KMCI-1	38	I	LAWRENCE, KS						
	KMOS-1	6	E	SEDALIA, MO						
	KPXE-1	50	I	KANSAS CITY, MO						
	KSHB-1	41	N	KANSAS CITY, MO						
	KSMO-1	62	I	KANSAS CITY, MO						
	KUKC-1	20		KERRVILLE, TX						
	WDAF-1	4		KANSAS CITY, MO						
			•							

LEGAL NAME O								SYSTEM 033
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing	y the sys be recein t the Co sign of the static ion's sig g a chec	II-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	it the system's he system's FM ant his point, see pa sed by the cable	eadend, and (; enna, during c ge (v) of the g system as a s	2) it can certain si leneral ir eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter Radio
			ion (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2021/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					033171
<u> </u>	SUBSTITUTE CARRIAG	E: SPECIA			G			
	In General: In space I, ident	-	-			tion that you	ır cahle svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 	-			sis anv nonr	network tele	vision proa	ram
Statement and	broadcast by a distant sta				, ,			XNO
Program Log	bioaucasi by a distant sta	uone				<u> </u>	YES	NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs				s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa			rows to the tables. /ision program ("substitute	nrogram") ti	aat during t	he account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I I	_ove Lucy"	or
	"NBA Basketball: 76ers vs.		depet live ente	w "Ves." Otherwise enter"	No."			
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which the		censed by th	ne FCC or,	in
	the case of Mexican or Car							
			when your sys	stem carried the substitute	e program. U	se numerals	s, with the n	nonth
	first. Example: for May 7 giv		a substituta pr	ogram was carried by you	r cable system	n liettheti	imes accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."			5 5				
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	• •				anu regula		
								1
					WHE	N SUBSTI	TUTE	
	S	SUBSTITUTE PROGRAM			****	10000011		
		00011101	E PROGRAM			AGE OCCI	JRRED	7. REASON FOR
1	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	1		4. STATION'S LOCATION	CARRI	AGE OCCU 6. TI	JRRED	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TI	JRRED MES	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	033171
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service
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 \$: • 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.	263,800
	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 th 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
		0)
	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	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 \$527,6	00)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 033171
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 on which the cable system carried television broadcast stations and nonbroadcast services	11 156
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(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; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on 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 here 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)] 	system as identified wner of the cable system
	X /s/ Alan Dannenbaum 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: SVP, PROGRAMMING (Title of 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 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.

unting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	03317
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS 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 Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>. </u>
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	<u>-</u>
* 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	
Accounting period	

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