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

Constraints DATE RECEIVED AMOUNT Constraints Cable Systems (Short Form) 03/01/2022 \$ Constraints Constant constraints Constraints <th>STATEM</th> <th>ENT</th> <th>OF ACCOUNT</th> <th>FOR COPYRIG</th> <th>HT OFFICE USE ONLY</th> <th> Return completed workbook by email to </th>	STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	 Return completed workbook by email to 				
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General instructions are located in the first tab of this workbook. 03/01/2022 \$		-	-			<u>coplicsoa@copyright.gov</u>				
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(City, town, state, zip code)										
			(City, town, state, zip code)							
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Privacy Act Notice: Section 111 of little 17 of the United States Code autorizes the Copyingti Office to collect the personally identifying information (PII) requested on thit 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:	SYSTEM
Nume	CEQUEL COMMUNICATIONS LLC	0042
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future film	nted communities within unincorporated areas and including sing you list will serve as a form of system identification hereafter known ngs.
Aroa	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	SEYMOUR	TX
Community		
dd Rows as Necessary		

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID									
	CEQUEL COMMUNICAT	TIONS LLC							00425		
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
0	system, that is, the retransmission										
Secondary Transmission	about other services (including particular to a service of the accounting period						nose exis	ting on the			
Service: Sub-							ole system	n, broken			
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the n			U I I I				s charged			
	separately for the particular server Rate: Give the standard rate of					•	,	ae and the			
	unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	· · ·					o within a				
	Block 1: In the left-hand block	t in space E, th	e form l	ists the catego	ries of sec	condary 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										
	first set" and would be counted of										
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, t					•					
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-n	iand Diock. A l	wo- or thre	e-word descript	ion of the	Service is			
		OCK 1					BLOCK	٢2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	RS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:	CODOCIAD		TUTE	0, (11			CODCONDENCO	TOTIE		
	Service to first set		57	34.99							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		15	45.95							
	Converter										
	Residential										
	Non-residential										
			1								
	SERVICES OTHER THAN SEC				-		tom'a con	vises that were			
F	In General: Space F calls for ra not covered in space E, that is, t		,		•						
-	service for a single fee. There a					,	,				
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	harged on a vari	able per-p	rogram basis,			
Secondary Fransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed										
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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	vices in the	e form of a								
	brief (two- or three-word) descrip										
	BLOCK 1							BLOCK 2			
							CATEG	ORY OF SERVICE	RATE		
	CATEGORY OF SERVICE			GORY OF SER		RATE	ONTEO				
	Continuing Services:	RATE	Installa	ation: Non-res		RATE	GATEO				
	Continuing Services: • Pay cable	RATE 17.00	Installa • Mot	ation: Non-res tel, hotel		RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mot • Cor	ation: Non-res tel, hotel mmercial		RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00	Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 17.00	Installa • Moi • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 17.00 19.00	Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel nmercial / cable / cable-add'l ch 9 protection	idential nannel	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 17.00 19.00 99.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection	idential nannel	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial cable cable-add'l ch protection glar protection services:	idential nannel						
	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)	RATE 17.00 19.00 99.00	Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial (cable cable-add'l ch protection glar protection services: connect	idential nannel	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00 99.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-res tel, hotel mmercial (cable cable-add'l ch protection glar protection services: connect connect	idential nannel	40.00					
	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)	RATE 17.00 19.00 99.00	Installa • Mot • Cor • Pay • Pay • Firre • Bur Other s • Rec • Dis • Out	ation: Non-res tel, hotel mmercial (cable cable-add'l ch protection glar protection services: connect	idential nannel						

•	•			FORM SA1-2E. PAGE 3				
ame	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#				
	CEQUEL COMMUNIC	ATIONS LLC		004254				
	PRIMARY TRANSMITTERS: TELEVISION							
G mary mitters: vision	 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 "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multica							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KAUZ-1	6	N	WICHITA FALLS, TX				
	RAUZ-I	0	IN					
			L NA					
	KAUZ-2	6.2	I-M	WICHITA FALLS, TX				
as Necessary	KFDX-1	3	N	WICHITA FALLS, TX WICHITA FALLS, TX				
s Necessary	KFDX-1 KJBO-1	3 35	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX				
s Necessary	KFDX-1 KJBO-1 KJTL-1	3 35 18	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX				
Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
s Necessary	KFDX-1 KJBO-1 KJTL-1	3 35 18	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				
as Necessary	KFDX-1 KJBO-1 KJTL-1 KRMA-1	3 35 18 6	N 	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO				

EGAL NAME OF								SYSTEM I 0042
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati	y the sys be rece It the Co sign of the static ion's sig	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	it the system's h system's FM ant his point, see pa	eadend, and (ź enna, during c ge (v) of the g	2) it can œrtain s eneral ir	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	k mark in the "S/D" column. 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	

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					004254
	SUBSTITUTE CARRIAGI	-	-					
I	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or aut	thorizatior	ns. For a further
Substitute	explanation of the programm				ne general ins	structions in the	e paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable systen	n carry, on a substitute ba	sis, any nonr	network televis		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must complete	e the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			ato lino. Lico obbroviations	whorovor p	ossible if their	r mooning	, ic
	clear. If you need more spa				s wherever p		meaning	J 15
				vision program ("substitute	e program") tl	hat, during the	account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		example, 1 LO	ve Lucy	01
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		aanaad by tha	FCC ar	i
	the case of Mexican or Car		、	,		,	FCC or,	111
				stem carried the substitute		,	with the m	nonth
	first. Example: for May 7 giv							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	Example.	a program can		. 10 p to c			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.	•	your system w				/13 /11	
	SI	JBSTITUT	E PROGRAM			N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMI FROM —	ES TO	DELETION
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2021/2 FORM SA1-2E. PA	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	I ID#
Name	CEQUEL COMMUNICATIONS LLC 004	254
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
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-month accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period \$ 52.0	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	0
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0
	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) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
		_
Filing Fee and Total Remittance	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 \$ 67.0	0
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/2				FORM SA1-2E. PAGE
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC			SYSTEM ID 00425
M Channels	to its subscribers, 1. Enter the total is system carried to 2. Enter the total is	and (2) the cable system's number of channels on which	total numl		ions 7 58
	and nonbroadca	ist services			
N Individual to Be Contacted		BE CONTACTED IF FURTH pout this statement of accou		RMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telep	hone (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701		e number)	
	Email	(City, town, state, zip)	KINS@A	LTICEUSA.COM Fax (optional)	
		This statement of account m	unt ha aa	tified and signed in accordance with Copyright Office regula	cione)
O Certification	• I, the undersigned	d, hereby certify that (Check	one, <i>but or</i>		
				artnership) I am the duly authorized agent of the owner of the	
	in lir	ne 1 of space B and that the o	owner is n	ation of a partner (if a partnership) of the legal entity identified	
	 I have examined 	he 1 of space B. the statement of account and , and correct to the best of m	l hereby d	eclare under penalty of law that all statements of fact contained ge, information, and belief, and are made in good faith.	
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING	
		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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	004254
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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 Assessment
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	
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	
 * 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	

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.