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

OF ACCOUNT ansmissions by Short Form) are located workbook.	DATE RECEIVED	AMOUNT \$	 <u>coplicsoa@copyright.gov</u> 					
Short Form)								
	03/01/2022							
	03/01/2022	Ŷ	For additional information, contact the U.S. Copyright					
s workbook.			Office Licensing Division at (202) 707-8150.					
	n the first tab of this workbook. ALLOCATION NUMBER							
			J					
OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))						
	7							
2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
	_							
20212	Barcode Data Filing Period (optional -	see instructions)						
	2							
Instructions:								
-		alary of another corporation, give the full corpo	rate title					
List any other name or names under whi	ch the owner conducts the business of t	he 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 filin	ng. If not, enter the system's ID number	assigned by the Licensing Division.	061544					
LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM							
CEQUEL COMMUNICATIONS LLC								
BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)						
SUDDENLINK COMMUNICATIONS								
MAILING ADDRESS OF OWNER O	CABLE SYSTEM							
3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)								
TYLER, TX 75701								
(City, town, state, zip)								
IDENTIFICATION OF CABLE SYSTEM:								
1 HUNTINGDON STATE CORRECTIONAL INSTITUTION								
MAILING ADDRESS OF CABLE SYSTEM	1:							
(Number, street, rural route, apartment, or suite i	umber)							
(City town state zin code)								
(Ony, IOWII, State, ZIP CODE)								
	2021/2 Instructions: Give the full legal name of the owner of for of the subsidiary, not that of the parent of List any other name or names under whi If there were different owners during the single statement of account and royalty for Check here if this is the system's first filing LEGAL NAME OF OWNER/MAILIN CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite r TYLER, TX 75701 (City, town, state, zip) RUCTIONS: In line 1, give any busises already appear in space B. In line IDENTIFICATION OF CABLE SYSTEM: HUNTINGDON STATE COF MAILING ADDRESS OF CABLE SYSTEM: HUNTINGDON STATE COF	2021/2 Period 1 = January 1 - June 30 20212 Barcode Data Filing Period (optional - Instructions: Give the full legal name of the owner of the cable system. If the owner is a subside of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the subsidiary of account and royalty fee payment covering the entire account of check here if this is the system's first filing. If not, enter the system's ID number Check here if this is the system's first filing. If not, enter the system's ID number 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, 2tp) RUCTIONS: In line 1, give any business or trade names used to ider is a laready appear in space B. In line 2, give the mailing address of the IDENTIFICATION OF CABLE SYSTEM: HUNTINGDON STATE CORRECTIONAL INSTITUTION MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (Cit						

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	0615
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated con- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single t will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	HUNTINGDON	PA
Community	(HUNTINGDON SCI)	
dd Rows as Necessary		

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C		SYSTEM ID: 06154							
	CEQUEL COMMUNICATIONS LLC									
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
<u> </u>	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary Transmission		ther services (including pay cable) in space F, not here. All the facts you state must be those existing on the r of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	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 secondar						-			
Rates	each category by counting the n			0,0		1 0		s charged		
	separately for the particular serv					•	,	na and the		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	· · ·			ny standa		5 within a			
	Block 1: In the left-hand block				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 of									
	Block 2: If your cable system	has rate categ	ories for	secondary trar	nsmission	service that are	different f	rom those		
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descripti	on of the s	service is		
		OCK 1					BLOCK	(2		
		NO. OF		DATE	0.17			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	VICE	SUBSCRIBERS	RATI	
	Service to first set		0							
			, v	-						
	 Service to additional set(s) FM radio (if separate rate) 									
	, , ,									
	Motel, hotel Commercial		52A	42 44						
	Converter		534	42.41						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	5					
-	In General: Space F calls for ra					ll your cable sys	tem's serv	vices that were		
F	not covered in space E, that is, t					,	,			
Services	service for a single fee. There a	•			0		0.0	,		
Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		uouunj	2		a gou on a run		regram zacie,		
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) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICF	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:	TUTE		ation: Non-resi		TUTE	O/ (TEO)		10112	
	• Pay cable	-		tel, hotel						
	Pay cable—add'l channel	-		nmercial						
	• Fire protection			/ cable						
	•Burglar protection			/ cable-add'l ch	annel					
	Installation: Residential		-	protection						
	First set	-		glar protection						
	 Additional set(s) 	-		services:						
	• FM radio (if separate rate)			connect		-				
	· · · · · · · · · · · · · · · · · · ·									
	Converter		 Disc 	connect						
	• Converter			connect let relocation						
	• Converter		• Out		ess					

counting Period:	2021/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	CEQUEL COMMUNIC	ATIONS LLC		061544				
	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, except (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 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 not 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 only 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). For the meaning of these terms							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WATM-1	23	N	ALTOONA, PA				
	WJAC-1	6	N	JOHNSTOWN, PA				
			-					
s Necessary	WPCW-1	19	E	PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	<u>N</u>	ALTOONA, PA				
	WWCP-1	8	I	JOHNSTOWN, PA				

LEGAL NAME OI								SYSTEM II 0615
	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 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati	y the sys be rece t the Co sign of he static ion's sig	II-Band FM Carriage: Under (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	at the system's he system's FM ant this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can certain si jeneral ir	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	live the station	n's locati	k mark in the "S/D" column. ion (the community to which th 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					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				061544
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident						
Substitute	substitute basis during the a explanation of the programm						
Carriage:	1. SPECIAL STATEMEN					F_F	
Special	 During the accounting per 	-			sis, any nonr	network television prog	ram
Statement and Program Log	broadcast by a distant sta					YES	×NO
	Note: If your answer is "No		rest of this na	ge blank. If your answer is	s "Yes " vou r		
	log in block 2.		rescortins pa	ge blank. If your answer k	5 103, you i	nust complete the proj	grann
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subs				wherever p	ossible, if their meanin	g is
	clear. If you need more spa			rows to the tables. /ision program ("substitute	nrogram") ti	hat during the account	ling
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I Love Lucy"	or
	Column 2: If the program	n was broa		er "Yes." Otherwise enter '			
				asting the substitute progr		aspeed by the FCC as	in .
	the case of Mexican or Car		· ·	he community to which the community with which the			IN
	Column 5: Give the mor	nth and day		stem carried the substitute			nonth
	first. Example: for May 7 giv				a a bla avata	m. List the times seem	atalı
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01			alely
	stated as "6:00-6:30 p.m."						
	Column 7: Enter the lett to delete under FCC rules a			n was substituted for programing the accounting period			
	was substituted for program						ogram
	effect on October 19, 1976					-	
					\\/LIE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	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. TIMES FROM — TO	DELETION
						-	
						_	"
							1
							+
							+
						_	
						_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC	. <u></u>	061544
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 transmers (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se	,830.10
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. 	3263,800	
	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.	nis six-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 \$137,10		-
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061544
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	6
	and nonbroadcast services	
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
momaton	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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	e B; or e system as identified owner of the cable system
	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.

	counting Period: 2021/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Stateline Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sectors: "" noter information on when to exclude these amounts, see the note on page (vii) of the general instructions boarded 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 dia owners? Norm Norm Norm Norm Maing Address Norm Norm Maing Address Norm Line 1. Enter the total here and list the satellite carrier(s) below. Line 1. Enter the amount of late payment or underpayment Line 2. Multiply line 1 by the interest rate" and enter the sum here	SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Verwer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P The determining the total number of subscribers and the gross amounts paid to the cable system for the basic serifiers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the pager SA1-2 form. Social Statement Concerning Cores meetings for secondary transmissions made by satellite carriers to satellite data on works? Image Social Statement Concerning Cores meetings for secondary transmissions made by satellite carriers to satellite carrier(s) below. Image Social Statement Concerning Cores meetings for secondary transmissions made by satellite carriers to satellite carrier(s) below. Image Social Statement Concerning Cores meetings for secondary transmissions made by satellite carrier so satellite carrier(s) below. Image Social Statement Concerning Cores meetings for secondary transmissions made by satellite carrier(s) below. Image Social Statement Concerning Cores meetings for secondary transmissions made by satellite carrier(s) below. Image Social Statement Concerning Cores meetings for secondary transmissions made by satellite carriers to satellite carrier(s) below. Image Social Statement Concerning Cores meetings for secondary transmissions made by satellite carriers to satellite carrier(s) below. Image Social Statement Concerning Cores meetings for secondary transmissions made by satellite satellite carrier(s) below. Image Social Statement Core accord to the secondary tranumissions meeting Socie Social Statement Core meeting Social Sta	QUEL COMMUNICATIONS LLC	06154
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? Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of the cable system exclude any amounts arecable and the paper SA1-2 form. <	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-	- Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below		
YES. Enter the total here and list the satelilite carrier(s) below. \$ Name Name Maling Address Name Maling Address Name Maling Address Name INTEREST ASSESSMENT Name For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Complete the interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. x Line 2 Multiply line 1 by the interest rate* and enter the sum here x		
Name Name Maling Address Maling Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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	ΧΝΟ	
Mailing Address Mailing Address Image: 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.	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: 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 as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and enter the sum here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6		
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Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 - * 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	Line 1 Enter the amount of late payment or underpayment	
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