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		NT OF ACCOUNT FOR COPYRIGHT OFFICE USE ONLY							
	ary Transmissic		DATE RECEIVED	AMOUNT	-				
	ems (Short For	-			<u>coplicsoa@copyright.gov</u>				
				\$	For additional information, contact the U.S. Copyright				
General instru	uctions are locate	d	03/01/2022		Office Licensing Division at (202) 707-8150.				
in the first tab	n the first tab of this workbook. ALLOCATION NUMBER								
Α	ACCOUNTING I		BY THIS STATEMENT: (YYYY/(Period))					
			_						
	2021/2		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			2 Barcode Data Filing Period (option	al conjunctions)					
		2021							
Accounting Period									
renou									
В	Give the full le	structions: ve 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 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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		K COMMUNICATIONS							
		DRESS OF OWNER O							
	3027 S SE LOOP 323								
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701								
	(City, town, state,								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space R. In line 2, give the mailing address of the system if different from the address given in space R.								
System	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B								
Cycloni	1 CROWLEY COUNTY CORRECTIONAL FACILITY								
		MAILING ADDRESS OF CABLE SYSTEM:							
	2								
	2 (Number, street, i	ural route, apartment, or suite	number)						
	(City, town, state,	(City, town, state, zip code)							
L									

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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I						
Name	CEQUEL COMMUNICATIONS LLC	06172						
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filing:	d communities within unincorporated areas and including single, u list 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.							
First	CITY OR TOWN OLNEY SPRINGS	CO						
Community	(CROWLEY CNTY CORR)							
dd Rows as Necessary								

			FORM SA1-						
Name	LEGAL NAME OF OWNER OF C		SYSTEM ID						
	CEQUEL COMMUNICATIONS LLC								06172
-	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								
. .	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 Transmission	about other services (including particular about other services (including particular about the second particular	• • •			-		hose exis	ting on the	
Service: Sub-	Number of Subscribers: Bot	•				,	ole svstem	n. broken	
scribers and Rates	down by categories of secondar								
	each category by counting the n		0	•••				s charged	
	separately for the particular serv					•	,	we and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·			ny stanua		s wiu iir 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								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the	service is	
	sufficient.	JCK 1					BLOCK	< 2	
						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		4-						
	Commercial		47	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	s				
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were								
	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services								
Services	furnished at cost or (2) services	•			0		0 (,	
Other Than									
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.								
Transmissions:	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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mo	tel, hotel					
	• Pay cable—add'l channel	-	• Cor	mmercial					
	Fire protection		•Pay	/ cable					
	•Burglar protection		•Pay	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	-	• Bur	glar protection					
	 Additional set(s) 	-		services:					
	• FM radio (if separate rate)		• Red	connect		-			
	, , ,								
	Converter		• DIS	connect					
	Converter			connect tlet relocation		-			
	• Converter		• Out		ess				

				FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID# 061727				
	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 not list the station here in space G — but do list it in space I (the Special Statement and Program Log)—if the station vas 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). "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-							
	1. CALL SIGN	4. LOCATION OF STATION						
	ККТ V-1	11	N	COLORADO SPRINGS, CO				
	KOAA-1	5	N	PUEBLO, CO				
Rows as Necessary	KRDO-1	13	N	COLORADO SPRINGS, CO				
d Rows as Necessary								
	KTSC-1	8	Е	COLORADO SPRINGS. CO				
	KTSC-1 KVSN-1	8	<u>E</u>	COLORADO SPRINGS, CO PUEBLO, CO				
			E I	COLORADO SPRINGS, CO PUEBLO, CO COLORADO SPRINGS, CO				
	KVSN-1	48	E I I	PUEBLO, CO				
	KVSN-1	48	E I I	PUEBLO, CO				
	KVSN-1	48	E I I	PUEBLO, CO				
	KVSN-1	48	E I I	PUEBLO, CO				
	KVSN-1	48	E I I	PUEBLO, CO				
	KVSN-1	48	E	PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				
	KVSN-1	48		PUEBLO, CO				

CEQUEL CO	OWNER OF C							SYSTEM 0617
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou m. lentify the call tate 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 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	at the system's h system's FM ant this point, see pa	eadend, and (: enna, during c ge (v) of the g	2) it can certain 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				061727
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
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 authorization	ns. For a further
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	structions in the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	-					
Special Statement and	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network television prog	ram
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	nust complete the proc	Iram
	log in block 2.						
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				s wherever p	ossible, if their meaning	g is
	clear. If you need more spa			rows to the tables. /ision program ("substitute	nrogram") ti	hat during the account	ing
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for further informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I Love Lucy"	or
		n was broa		er "Yes." Otherwise enter '			
				asting the substitute progr he community to which th		concod by the ECC or	in
	the case of Mexican or Car						
	Column 5: Give the mor	nth and day		stem carried the substitute			nonth
	first. Example: for May 7 giv					1 :	- t - I , .
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01			ately
	stated as "6:00–6:30 p.m."	Example: (a program oan		. 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 wa				
	SI		E PROGRAM		CARRI	N SUBSTITUTE AGE OCCURRED	7. REASON FOR DELETION
	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	
						_	
						_	
						_	
						-	

Accounting Period:	2021/2	FORM SA1-2E. PA	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM	ID#
Name	CEQUEL COMMUNICATIONS LLC	061	727
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 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	
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	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00	0
	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	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 \$527,6	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	0
	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 the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and the paper SA1-2 form and the Excel instructions tab for more tables and tables and tables are tables as the paper SA1-2 form and tables are tables as tables as tables are tables as tables are tables as tables are tables as tables are tables as tables as tables as tables as tables as tables as tables are tables as tables are tables as tables are tables as tables are tables as tables as tables are tables as tables a		

Accounting Period:	:021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061727
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	7 40
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 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)] 	B; or system as identified wner of the cable system
	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.

BUDEL COMMUNICATIONS LLC PURCEADED STATEMENT CONCERNING CROSS RECEIPTS EXCLUSION As a ballie from Viewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Copyright Act by adding the failous concerns and amounts of braids by the gross amounts paid to the cable system for the basis concerns and amounts collected from subscribers are the rote on page (vi) of the general instructions include subscribers and the earliert of the section 111(g)(1)(A), of the Copyright Act by adding the failous concerns and amounts collected from subscribers are early a socied arramsitiers, the system shall not include subscribers are the note on page (vi) of the general instructions include subscribers are early and the cable system for the basis for the cable of providing secondary transmissions pursuant to section 115. Arrow information on when to exclude these amounts, see the note on page (vi) of the general instructions include subscribers methods are are subscribers for secondary transmissions pursuant to section 116. Arrow information on when to exclude these amounts, see the note on page (vi) of the general instructions include subscribers methods are are subscribers for secondary transmissions pursuant to section 116. Arrow information on when the sublific carrier(s) below. Arrow information on underse assessments see page (viii) of the general instructions located in the paper SA1-2 form. Arrow information of interest assessments are page (viii) of the general instructions located in the paper SA1-2 form. Arrow in the amount of late payment or underpayment Arrow in the subscript of days late and enter the sum here intervents in the subscript of days interest assessment is early of locating informations for the satistication because the subscript of underse su	ounting Period: 2021/2	FORM SA1-2E. PAGE
	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following semence: P In determining the total number of subscribers and the gross amounts paid to the cable system for the basic subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ² 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. Section 119. ² Image: Section 110, 110, 110, 110, 110, 110, 110, 110	QUEL COMMUNICATIONS LLC	06172
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? No Image: State of the satellite carrier(s) below. S No Image: State of the total here and list the satellite carrier(s) below. S Image: State of the satellite carrier(s) below. S Name: Maining Address Maining Address Maining Address Image: State of the satellite carrier(s) below. S 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. Image: State of the amount of late payment or underpayment	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. \$ Name Maing Address Maing Address Maing Address Nume to 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. Q Line 1 Enter the amount of late payment or underpayment.		
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maining Address Maining Address Maining Address INTEREST ASSESSMENT Name You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Q For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Line 1 Enter the amount of late payment or underpayment		
Name Name Mailing Address Name Mailing Address Mailing Address INTEREST ASSESSMENT Nume to 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 INTEREST ASSESSMENT 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. 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. 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. 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. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rate and enter the sum here	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 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 to the Complete for those royalty payments and enter the sum here		
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x	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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		—
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 	in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	_
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