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 COPYRIC	<ul> <li>Return completed workbook by email to</li> </ul>					
-		ransmissions by	DATE RECEIVED	AMOUNT	_				
		Short Form)			<u>coplicsoa@copyright.gov</u>				
General instructions are located				\$	For additional information, contact the U.S. Copyright				
			03/01/2022		Office Licensing Division at				
in the first tab	o of this	s workbook.		ALLOCATION NUMBER	(202) 707-8150.				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
			1						
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			-						
		20212	Barcode Data Filing Period (optional	- see instructions)					
Accounting			-						
Period									
		Instructions:							
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full corp	orate title				
Owner		List any other name or names under whi	ch 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)							
		SUDDENLINK COMMUNICATIONS							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		3027 S SE LOOP 323							
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701							
		(City, town, state, zip)							
С		<b>INSTRUCTIONS:</b> 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 B. In line 2, give the mailing address of the system, if different from the address given in space B							
System		IDENTIFICATION OF CABLE SYSTEM:							
	1	LAWRENCE CORRECTION	IAL FACILITY						
		MAILING ADDRESS OF CABLE SYSTEM	:						
	2 (Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)							

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
Name	CEQUEL COMMUNICATIONS LLC	0626
D	Instructions: List each separate community served by the cable system. A "comn "a separate and distinct community or municipal entity (including unincorporated 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 filings	d communities within unincorporated areas and including singl I list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the
		07475
First	CITY OR TOWN SUMNER	IL STATE
Community	(LAWRENCE CORR)	······
	๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛	
d Rows as Necessary		

								FORM SA1				
Name	LEGAL NAME OF OWNER OF C			TEM ID								
	CEQUEL COMMUNICA	TIONS LLC							06266			
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES							
E	In General: The information in s			-		•						
Secondary	system, that is, the retransmissi					•						
Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).											
Service: Sub-	<b>Number of Subscribers:</b> 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).											
	Rate: Give the standard rate of					•	,	ne and the				
	unit in which it is generally billed	-	-	•								
	category, but do not include disc	• •	,									
	Block 1: In the left-hand block			-		•						
	systems most commonly provide											
	that applies to your system. <b>Not</b> categories, that person or entity			-		-						
						0,	•					
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the 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 and rates, in the right-hand block. A two- or three-word description of the service is											
	sufficient.		c ngnt-n									
	BLO	OCK 1					BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RATE			
	Residential:	CODOCINID		TUTE	0,111		TIOL	COBCONIBEINO				
	Service to first set		0	-								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		100	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	· · · · · ·										
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	•	,		0		0()					
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are cl	harged on a varia	able per-pi	rogram basis,				
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra		ha aabl		ash af tha	annliaghla aguid	an linted					
Fransmissions:	Block 2: List any services that	• •				••		were not				
Rates	-	• •			-	• •						
Rales	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.											
Rales	brief (two- or three-word) description	ption and inclue		ite iti each.			BLOCK 2					
Rales	brief (two- or three-word) descri	BLO		ite for each.				BLOCK 2				
Rales	brief (two- or three-word) descrip	·	CK 1	ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE			
Rales		BLO	CK 1 CATEG			RATE	CATEGO		RATE			
Kales	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mot	ORY OF SER tion: Non-res		RATE	CATEGO		RATE			
Kales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mot • Cor	ORY OF SER tion: Non-res el, hotel nmercial		RATE	CATEGO		RATE			
Kales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	idential	RATE	CATEGO		RATE			
Rales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE	CATEGO		RATE			
Rales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEGO		RATE			
Rales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO		RATE			
Kales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bun Other s	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEGO		RATE			
Kales	CATEGORY OF SERVICE 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)	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Cother s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEGO		RATE			
Kales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel nmercial cable-add'l ch protection glar protection glar protection services: connect	idential	RATE	CATEGO		RATE			
Kales	CATEGORY OF SERVICE 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)	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	<b>idential</b> nannel	RATE	CATEGO		RATE			

Accounting Period: 2	2021/2			FORM SA1-2E. PAGE 3.	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#	
Name	CEQUEL COMMUNIC	ATIONS LLC		062662	
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1</b> : List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channel of license. For example, WF <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location	n during the accounting period, except n effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.15 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the he form. al number the FCC assigned to the tell CC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instrin of each station. For U.S. stations, lis	g translator stations and low power tell of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent et al. (for network multicast), "I" (for independent at the community to which the station in the community with which the station	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WAWV-1	38	<b>N</b>	TERRE HAUTE, IN	
	WBDT-1	26	<b>I</b>	SPRINGFIELD, OH	
Add Rows as Necessary	WTHI-1	10	N	TERRE HAUTE, IN	
	WTWO-1	2	N	TERRE HAUTE, IN	
	WUSI-1	16	E	TERRE HAUTE, IN	
	WXIN-1	59	<b>I</b>	INDIANAPOLIS, IN	

LEGAL NAME O									SYSTEM 062
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, 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 rece t the Co sign of the static ion's sig g a chec	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	at e s th	the system's he ystem's FM antr is point, see page ed by the cable s	eadend, and (; enna, during c ge (v) of the g system as a s	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter Radio
Mexican or Car	nadian stations	s, if any,	the community with which th		station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								·	
								·	
				1					
				1					

Accounting Period: 2021/2	FORM SA1-2E. PAGE 5.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name CEQUEL COMMUNICATIONS LLC	062662									
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cat	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or autho	orizations. For a further									
Substitute explanation of the programming that must be included in this log, see page (v) of the general instructions in the page	paper SA1-2 form.									
Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televisior	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
	YES XNO									
Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete th										
log in block 2.	ne program									
2. LOG OF SUBSTITUTE PROGRAMS										
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their m	neaning is									
clear. If you need more space, please add additional rows to the tables.	-									
Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the ac										
period, was broadcast by a distant station and that your cable system substituted for the programming of an										
under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love										
"NBA Basketball: 76ers vs. Bulls."										
Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."										
<b>Column 3</b> : Give the call sign of the station broadcasting the substitute program.										
<b>Column 4:</b> Give the broadcast station's location (the community to which the station is licensed by the FC the case of Mexican or Canadian stations, if any, the community with which the station is identified).	CC or, in									
<b>Column 5:</b> Give the month and day when your system carried the substitute program. Use numerals, with	th the month									
first. Example: for May 7 give "5/7."										
Column 6: State the times when the substitute program was carried by your cable system. List the times										
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shou	ould be									
stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system wa	as required									
Column 7. Enter the letter TV in the listed program was substituted for programming that your system was	asieguneu									
to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the lis	sted program									
to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the lis was substituted for programming that your system was permitted to delete under FCC rules and regulations										
was substituted for programming that your system was permitted to delete under FCC rules and regulations effect on October 19, 1976.	s in									
was substituted for programming that your system was permitted to delete under FCC rules and regulations effect on October 19, 1976. WHEN SUBSTITUTE	s in									
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Accounting Period:	2021/2 FORM SA1-	2E. PAGE 6.
Name		STEM ID#
	CEQUEL COMMUNICATIONS LLC	062662
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.	158.00 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	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 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 \$527,600)	
	4. Extension encount of successions from encode V	
	1. Enter the amount of gross receipts from space K	
	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)	
	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 Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 062662
M Channels	to its subscribers, 1. Enter the total n	and (2) the cable system's umber of channels on whic	total numl h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	6
	on which the cab	umber of activated channel le system carried television st services	broadcas	st stations	56
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	(903) 579-3152
		3027 S SE LOOP 323 Number, street, rural route, apart TYLER, TX 75701 City, town, state, zip)		ite number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned     (Owner of     (Agent of     in lin     X (Officer	I, hereby certify that (Check other than corporation or p of owner other than corpor e 1 of space B and that the o	one, <i>but or</i> partnersh ation or p owner is n	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) <b>ip</b> ) I am the owner of the cable system as identified in line 1 of space <b>partnership</b> ) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as o	e B; or e system as identified
	I have examined t	he statement of account and and correct to the best of m		eclare under penalty of law that all statements of fact contained here lge, information, and belief, and are made in good faith.	ain
				/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 on 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.

ccounting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	062662
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?	
X NO	
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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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