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

		FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to		
-	ENT OF ACCOUNT ary Transmissions by	DATE RECEIVED				
	ems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
-	uctions are located	0/45/00	\$	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.		
	o of this workbook.	9/15/22	ALLOCATION NUMBER			
				7		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))			
		٦				
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	20221	Barcode Data Filing Period (optional -	- see instructions)			
Accounting		1				
Period						
	Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subsi	idiary of another corporation, give the full corp	oorate title		
B	of the subsidiary, not that of the parent c					
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 single statement of account and royalty for	- · · ·	the last day of the accounting period should su ting period.			
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	014649		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	CEQUEL COMMUNICATIONS LLC					
	BUSINESS NAME(S) OF OWNER OF	F 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 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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 IDENTIFICATION OF CABLE SYSTEM: System 1 WELLINGTON, TX MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code)

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	CEQUEL COMMUNICATIONS LLC	0146
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter know filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
First	CITY OR TOWN WELLINGTON	STATE TX
First Community	WLLLINGTON	
,		
dd Rows as Necessary		
ad nows as necessary		

	FORM SA1-2E. P.									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYSTEM ID		
	CEQUEL COMMUNICA	TIONS LLC							01464	
-	SECONDARY TRANSMISSION	I SERVICE: SL	IBSCRI	BERS AND R	ATES					
Ε	In General: The information in s			-		•				
	system, that is, the retransmission									
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv					•	,	as 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	particular rate		
	Block 1: In the left-hand block				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 right-ri	Iand Diock. A li	vo- or thre	e-word descripti	ion of the	Service is		
		OCK 1					BLOCK	٢2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODECINIDE		TUTE	0,111		(TIOE	COBCONIDENCO	TUTE	
	Service to first set		144	50.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		31	45.95						
	Converter									
	Residential									
	Non-residential									
			Ī							
	SERVICES OTHER THAN SEC				-			vises that wars		
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									
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are cl	harged on a varia	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									
Rates	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.									
	bhei (two- of three-word) desch	BLOCK 1						BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEC	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEO Installa	ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE 17.00	CATEC Installa • Mot	ation: Non-res tel, hotel		RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEO Installa • Mot • Cor	ation: Non-res tel, hotel mmercial		RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00	CATEG Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 17.00	CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE 17.00 19.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch @ protection	idential	RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 17.00 19.00 99.00	CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection	idential	RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE 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	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other •	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential		CATEG	ORY OF SERVICE	RATE	
	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)	RATE 17.00 19.00 99.00	CATEG Installa • Mot • 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	RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE 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	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect connect	idential	40.00	CATEG	ORY OF SERVICE	RATE	
	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)	RATE 17.00 19.00 99.00	CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc • Out	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential annel		CATEG	ORY OF SERVICE	RATE	

unting renou.	2022/1			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:				
	CEQUEL COMMUNIC	ATIONS LLC		014649				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "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 an etwork station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (vi) of the general instructions in licensed by the FCC. For Mexican or Canadian station, stan							
	1. CALL SIGN	4. LOCATION OF STATION						
	KAMR-1	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	AMARILLO, TX				
	KAMR-HD1	4	N-M	AMARILLO, TX				
	KCIT-4	14.4	I - 181	AMARILLO, TX				
Rows as Necessary	KCIT-HD4	14.4	I-M	AMARILLO, TX				
	KFDA-1	10	N	AMARILLO, TX				
		10	NI M					
	KFDA-HD1	10	<u>N-M</u>	AMARILLO, TX				
	KVII-1	7	N	AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1	7	N	AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				
	KVII-1 KVII-HD1	7 7	N N-M	AMARILLO, TX AMARILLO, TX				

EGAL NAME O								SYSTEM I 0146
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of	it is carried by monitoring, to prmation abou	y the sys be rece	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t	at the system's he system's FM ant	eadend, and (2 enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing live the station	the static ion's sig g a chec n's locati	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	s, if any,	the community with which the	CALL SIGN	ied). AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio	od: 2022/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				014649
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, ident substitute basis during the a						
Substitute	explanation of the programm						
Carriage: Special	1. SPECIAL STATEMEN	-					
Statement and	During the accounting per		ur cable systen	n carry, on a substitute ba	sis, any nonr		
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 the proo	gram
	log in block 2. 2. LOG OF SUBSTITUTE		Me				
	In General: List each subst			ate line. Use abbreviations	s wherever p	ossible, if their meanin	g is
	clear. If you need more spa	ice, please	add additional	rows to the tables.			
	Column 1: Give the title period, was broadcast by a			vision program ("substitute our cable system substitut			
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for further informa	ition.
	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
			dcast live, ente	er "Yes." Otherwise enter '	'No."		
				asting the substitute progr			
	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 substituta nr	ogram was carried by you	r cable system	m List the times accur	ately
	to the nearest five minutes.						atory
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	commune the		uire d
	to delete under FCC rules a						
	was substituted for program		your system w	as permitted to delete und	er FCC rules	and regulations in	
	effect on October 19, 1976.						
	SI	UBSTITUT	E PROGRAM			N SUBSTITUTE 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
						-	
						_	
						_	
						_	
						_	
						_	
							+
							+
						_	

Accounting Period:	2022/1 FORM SA1-20	E. PAGE 6.						
Name		EM ID#						
Humo	CEQUEL COMMUNICATIONS LLC	014649						
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. \$ 56,85 IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of 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	52.00						
	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)							
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula							
	3. Subtract line 2 from line 1							
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00							
	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 \$	57.00						
	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.							

					FORM SA1-2E. PAGE 7.
Nomo		WNER OF CABLE SYSTEM: IUNICATIONS LLC			SYSTEM ID# 014649
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		ns 9
	and nonbroadca	ast services			
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telepho	ne (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
0	CERTIFICATION (This statement of account m	ust be ce	tified and signed in accordance with Copyright Office regulatio	ns)
-	• I, the undersigned	d, hereby certify that (Check o	one, <i>but or</i>	ly one, of the boxes.)	
	(Owner	other than corporation or p	artnersh	p) I am the owner of the cable system as identified in line 1 of sp	ace B; or
[artnership) I am the duly authorized agent of the owner of the ca ot a corporation or partnership; or	ble system as identified
[e r or partner) I am an officer (ne 1 of space B.	if a corpo	ration) or a partner (if a partnership) of the legal entity identified a	s owner of the cable system
		, and correct to the best of m		eclare under penalty of law that all statements of fact contained h ge, information, and belief, and are made in good faith.	erein
			X	/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 In held in corporation or partnership)	
		Date:		8/24/2022	

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.

ounting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	01464
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
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.	Receipts Exclusion
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 Mailing Address Mailing Address	
	·····
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
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.	
OwnerAddress	

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