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.	

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	FOFFICE USE ONLY	Return completed workbook by email to
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20221 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give 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 of 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.	020933
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	OZARK, AR	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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.

Accounting Period:		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 020933
D Area Served	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings.	ated communities within unincorporated areas and including single, discrete
	CITY OR TOWN	STATE
First Community	OZARK ALTUS	AR AR
Add Rows as Necessary		
,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE		
Name	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES						
E	In General: The information in s					transmission se	ervice of th	ne cable			
	system, that is, the retransmission										
Secondary Transmission	about other services (including p last day of the accounting period						iose existi	ng on the			
Service: Sub-							e svstem.	broken			
scribers and	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the 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). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the									
	unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	· · ·	,		ly otandar		mann a p				
	Block 1: In the left-hand block			-		•					
	systems most commonly provide										
	that applies to your system. <b>Note</b> categories, that person or entity			Ũ		•					
	subscriber who pays extra for ca					• • •	•				
	first set" and would be counted o										
	Block 2: If your cable system I	-		•							
	printed in block 1 (for example, the										
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and block. A tw	/o- or three	e-word descriptio	n of the se	ervice is			
		OCK 1					BLOC	< 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	COBCOTABL		TUTE	0,111			CODECITIBEITE	1011		
	Service to first set		89	50.00							
	Service to additional set(s)				••••••						
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		17	45.95							
	Converter										
	Residential				••••••						
	Non-residential										
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES	;			•	•		
F	In General: Space F calls for rat										
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •				
Other Than	amount of the charge and the un										
Secondary	enter only the letters "PP" in the		-			0					
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> 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 constant charge was made or ortablished. List these other convices in the form of a										
	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		
			Installa	tion: Non-res	idential						
	Continuing Services:										
	• Pay cable	17.00	• Mot	el, hotel			1				
	-	17.00 19.00		el, hotel nmercial							
	• Pay cable	••••••	• Con	,							
	• Pay cable • Pay cable—add'l channel	••••••	• Con • Pay	nmercial	nannel						
	Pay cable     Pay cable     Pay cable—add'l channel     Fire protection	••••••	• Con • Pay • Pay	nmercial r cable	annel						
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	••••••	• Cor • Pay • Pay • Fire	nmercial cable cable-add'l ch							
	<ul> <li>Pay cable</li> <li>Pay cable—add'I channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	19.00	• Con • Pay • Pay • Fire • Bur	nmercial cable cable-add'l ch protection							
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	19.00 99.00	• Con • Pay • Pay • Fire • Bury <b>Other s</b>	nmercial cable cable-add'l ch protection glar protection		40.00					
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	19.00 99.00	• Con • Pay • Pay • Fire • Bur • Bur • Rec	nmercial r cable r cable-add'l ch protection glar protection services:		40.00					
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	19.00 99.00	• Con • Pay • Pay • Fire • Bur • Bur • Rec • Disc	nmercial cable cable-add'l ch protection glar protection services: connect		40.00					

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID				
	CEQUEL COMMUNIC	ATIONS LLC		020933				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(e substitute program basis, a <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 basis. For further informatic <b>Column 1:</b> List each station	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- te carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES	time basis under rams [sections ations carried on a lostitute program Log)—if the so on some other tions. PN, etc. Identify each				
	Column 2: Give the channed	el number the FCC assigned to the tele	vision station for broadcasting over	r the air in its community				
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	RC is channel 4 in Washington, D.C. a case whether the station is a network sering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for indep or "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" ional multicast). n is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
		13	Е					
	KAFT	I V		FAYETTEVILLE, AR				
	KAFT KFSM-TV	18	N	FAYETTEVILLE, AR FORT SMITH, AR				
d Rows as Necessary				······				
d Rows as Necessary	KFSM-TV	18		FORT SMITH, AR				
d Rows as Necessary	KFSM-TV KFTA-TV	18 27	N I	FORT SMITH, AR FORT SMITH, AR				
d Rows as Necessary	KFSM-TV KFTA-TV KHBS	18 27 21	N I N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR				
d Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW	18 27 21 21	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR				
d Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
'd Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
ld Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
ld Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
ld Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
ld Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
ld Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
ld Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
ld Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				
ld Rows as Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR				

LEGAL NAME OF								SYSTEM I 0209
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t	it is carried by nonitoring, to rrmation about m. lentify the call tate whether t the radio stati his by placing	y the sys be receivent t the Cop sign of e the station ion's sign a check	I-Band FM Carriage: Under O tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which th	t the system's hea system's FM anten als point, see page and by the cable sy	idend, and (2) nna, during ce e (v) of the gen ystem as a sep	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
			the community with which the			5 OI, III U		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					020933
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identif	fy every non	network televisi	on program, broadcast by a	distant static	on, that your	cable system	carried on a
	substitute basis during the ac	counting pe	riod, under spe	cific present and former FCC	C rules, regula	ations, or aut	thorizations. I	For a further
Substitute	explanation of the programmi	-			general instru	ictions in the	e paper SA1-2	2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	<ul> <li>During the accounting peri</li> </ul>		r cable system	carry, on a substitute basis	s, any nonne	twork televis	sion program	
Program Log	broadcast by a distant stat	ion?					YES	X NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete	e the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				vherever pos	sible, if thei	ir meaning is	
	clear. If you need more space Column 1: Give the title			sion program ("substitute p	program") that	it. durina the	e accounting	
	period, was broadcast by a	distant stati	on and that you	ur cable system substituted	for the prog	ramming of	f another stat	tion
	under certain FCC rules, re							۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for ex	ample, "I Lo	ove Lucy" or	
			lcast live, enter	"Yes." Otherwise enter "N	0."			
	Column 3: Give the call s	sign of the s	tation broadca	sting the substitute prograi	n.			
	Column 4: Give the broat the case of Mexican or Cana			e community to which the			e FCC or, in	
				em carried the substitute p		,	with the mor	nth
	first. Example: for May 7 giv		····· , · · · · · · · · · · · · · · · ·		- <b>J -</b>	,		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period;	enter the let	ter "P" if the	e listed progr	
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete under	FCC rules a	ind regulation	ons in	
					WHE	EN SUBSTI	ITUTE	
	S		E PROGRAM			IAGE OCC		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	-	— то	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							-	

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 020933
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 an 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.	ission service mount, see	6,143.85
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 \$2 • 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.	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 \$137,1	00)	
	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		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		0.00
	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		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	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:	2022/1						FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:					SYSTEM ID# 020933
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	You must give (1) the number ers, and (2) the cable system's tal number of channels on whi ried television broadcast statio tal number of activated chann e cable system carried televisi adcast services	s total num ich the cal ns els ion broado	nber of activated char ble cast stations	nels during the a	accounting period.	7 82
N Individual to Be Contacted		TO BE CONTACTED IF FURT		ORMATION IS NEED	DED (Identify an i	ndividual	
for Further Information	Name	RODNEY HASKINS				Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		ite number)			
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM		Fax (optional	
	CERTIFICATION	I (This statement of account m	nust be ce	ertified and signed in a	accordance with (	Copyright Office regulations)	
O Certification		ned, hereby certify that (Check o					_
		er other than corporation or p nt of owner other than corpor	ation or p	<b>partnership)</b> I am the c	duly authorized ag		
	X (Offi	in line 1 of space B and that the space <b>or partner</b> ) I am an officer in line 1 of space B.				he legal entity identified as ow	ner of the cable system
	are true, comp	ed the statement of account and lete, and correct to the best of n ction 1001(1986)]					
				/s/ Alan Danner	the line above to		-
			Enter sig	nature using an "/s/ sig	nature" (e.g., /s/ .	ionn Smith)	
		Typed or printed	d name:	ALAN DANNE	NBAUM		
		Title: (T		PROGRAMMING			
		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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	020933
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4. Multiply line 2 by 0.00074** and enter bore	
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 \$ -	
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	
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	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	

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.