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

STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	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	
		20221 Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	062662
		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 unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	LAWRENCE CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
1			

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	062662
	Instructions: List each separate community served by the cable system. A "co	
_	"a separate and distinct community or municipal entity (including unincorpo	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fi	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	SUMNER	L L
Community	(LAWRENCE CORR)	
dd Rows as Necessary		

	T							FOF		2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:								EM ID
Nume	CEQUEL COMMUNICA	TIONS LLC							()6266
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	TES					
E	In General: The information in s									
Secondary	system, that is, the retransmissi about other services (including provide the services)									
Transmission	last day of the accounting period							ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n							charged		
	separately for the particular servert Rate: Give the standard rate of							e and the		
	unit in which it is generally billed								•	
	category, but do not include disc	counts allowed	for adva	ince payment.						
	Block 1: In the left-hand block	•		Ű						
	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	has rate catego	ories for	secondary trai	smission	service that are	different f	rom those		
	printed in block 1 (for example,									
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	o- or thre	e-word descripti	on of the s	ervice is		
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SEF		NO. OF SUBSCRIB		RATI
	Residential:	CODOCIADE		TUTE	0,111		WICE .	CODOCIND		1011
	Service to first set		0	_						
	Service to additional set(s)		Ŭ.							
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		105	42.41						
	Converter		105	42.41						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	•	,		•	• •			e	
Г	not covered in space E, that is,									
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	,	
ransmissions:	Block 1: Give the standard ra									
Rates	Block 2: List any services tha listed in block 1 and for which a				-					
					sneu. List	these other serv		e ionn or a		
	brief (two- or three-word) descrip									
	brief (two- or three-word) descri									RATE
		BLO			//05	DATE		BLOCK		
	CATEGORY OF SERVICE	BLOO RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SER		RAIL
	CATEGORY OF SERVICE Continuing Services:		CATEG Installa	tion: Non-res		RATE	CATEGO			RAIL
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEG Installa • Mot	tion: Non-resi el, hotel		RATE	CATEGO			KAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mot • Con	tion: Non-res i el, hotel nmercial		RATE	CATEGO			KATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mot • Con • Pay	tion: Non-resi el, hotel nmercial cable	dential	RATE	CATEGO			KAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		CATEG Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l ch	dential	RATE	CATEGO			KATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential		CATEG Installa • Mot • Con • Pay • Pay • Fire	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATEGO			KATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection	dential	RATE	CATEGO			KATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure Other s	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection services:	dential	RATE	CATEGO			
	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	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection eervices: connect	dential	RATE	CATEGO			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Reco • Disc	tion: Non-resident of the second seco	dential	RATE	CATEGO			
	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	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection eervices: connect	dential annel	RATE	CATEGO			

accounting Period: 2	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		062662
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and $(4))];$ and (2) certain state arried by your cable system on a sub- the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a abstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAWV-1	38	N	
	WBDT-1	26		SPRINGFIELD, OH
Add Rows as Necessary	WTHI-1	10	Ν	TERRE HAUTE, IN
Add Rows as Necessary	WTHI-1 WTWO-1	10 2	N	TERRE HAUTE, IN TERRE HAUTE, IN
Add Rows as Necessary				
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN
Add Rows as Necessary	WTWO-1	2	N	TERRE HAUTE, IN
	WUSI-1	16	E	TERRE HAUTE, IN

CEQUEL CO	F OWNER OF							SYSTEM I 0620
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: Ic Column 2: S Column 3: If	it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat	y the sy be rece it the Co I sign of the stati tion's sig	II-Band FM Carriage: Under stem whenever it is received a eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces	at the system's f system's FM ar this point, see p	neadend, and itenna, during age (v) of the	(2) it ca certain general	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
Column 4: C	Give the statio	n's locat	sk mark in the "S/D" column. tion (the community to which the , the community with which the			CC or, i	n the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·		 		
		·		·				
						 		
						l		
		·						

Accounting Perio	od: 2022/1						FORM	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062662
	SUBSTITUTE CARRIAGE			NT AND PROGRAM I O	G			
I	In General: In space I, ident	-	-			tion that you	ir cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
	-		root of this no	ao blank. If your anower it	"Voo" vouu		-	
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	must comple	ete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			ate line. Use abbreviations	s wherever p	ossible if th	eir meaning	ı is
	clear. If you need more spa				, mererer b			,
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				asting the substitute prog he community to which th		consod by t	ne ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the n	nonth
	first. Example: for May 7 giv							
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				ately
	stated as "6:00–6:30 p.m."		a program can		. 10 p.m. to c		Should be	
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976.	• •	your system w	as permitted to delete und		s and regula		
								1
						N SUBSTI		
	SI		E PROGRAM			AGE OCCI		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		MES – TO	
						-	-	
						-	_	
						_	_	
						-	-	
							_	
							-	
							_	
						=		
						-	-	
1		•	r	I		+		+

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 062662
			002002
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 servic amount, se	¢ 6,593.26
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.	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	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 \$527,6	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)		
	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		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing For and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Duc	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 #		
	<u>Important:</u> 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 mo		

Accounting Period:	2022/1	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 06266
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting the total number of channels on which the cable system carried television broadcast stations	ting period.
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.)	al
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 Copyrig 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 iden (Agent of owner other than corporation or partnership) I am the duly authorized agent of in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leggin line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in gr [18 U.S.C., Section 1001(1986)] Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING 	ntified in line 1 of space B; or f the owner of the cable system as identified gal entity identified as owner of the cable system s of fact contained herein good faith.
	(Title of official position held in corporation or partnership)	
	Date:	8/23/2022

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. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0626
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 following 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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.	sub- Special Statemer
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 transmission made by satellite carriers to satellite dish owners?	ons
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
	ant
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	n. Q
	n. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	n. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	n. Q
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	
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	n. Q Interest Assessm
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	n. Q Interest Assessm
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