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 COPYRIC	Return completed workbook by email to		
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.	2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACCOUNTING PERIOD COVERED 2022/2 2022	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 2 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31		
Accounting Period				
Instructions: Give the full legal name of the owner of t		iary of another corporation, give the full corporat	te title of the	

Accounting Period R Accounting B B B Covner 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. Ust 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 filling. 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 CEQUEL COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 Number: street, rual roade, apathement, or submember) TLER, TX 7501 City, toum, state, appr	
B 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. 014680 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	-
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(Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
TYLER, TX 75701	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System 1 IDENTIFICATION OF CABLE SYSTEM:	System
BOONVILLE, AR	
MAILING ADDRESS OF CABLE SYSTEM:	
2 (Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)	
	l

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:	2022/2							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Nume	CEQUEL COMMUNICATIONS LLC	014680						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First Community	BOONVILLE	AR						
Add Rows as Necessary								
·····,								

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIP		TES							
E	In General: The information in s					transmission se	ervice of th	ne cable				
	system, that is, the retransmission											
Secondary	about other services (including p						ose existir	ng on the				
Transmission 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 service at the rate indicated—not the number of sets receiving service). Rate: 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. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.											
	Block 1: In the left-hand block			-		•						
	systems most commonly provide that applies to your system. Note											
	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 h	-		•								
	printed in block 1 (for example, ti with the number of subscribers a											
	sufficient.		, nghi ng									
	BLC	DCK 1					BLOCK					
	CATEGORY OF SERVICE	ATEGORY OF SERVICE SUBSCRIBERS RATE					RVICE	NO. OF SUBSCRIBERS	RATI			
	Residential:											
	 Service to first set 		80	50.00								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial		14	45.95								
	Converter											
	• Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES								
F	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES 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, t service for a single fee. There ar					,	,					
Services	5	•					• • • •					
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,											
Secondary	enter only the letters "PP" in the rate column.											
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) descrip											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			tion: Non-resi	dential							
	• Pay cable			tel, hotel								
	Pay cable—add'l channel Fire protection			nmercial (cable								
	Fire protection		,	v cable								
	•Burglar protection Installation: Residential		· ·	v cable-add'l chains e protection	annei							
	• First set	99.00		glar protection								
	Additional set(s)	25.00		services:		•••••						
	• FM radio (if separate rate)	25.00		connect		40.00						
	Converter			connect								
				let relocation		25.00						
				ve to new addre		99.00						
			100	ve to new addre	:55	33.00						

ounting Period:	2022/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM II 0146						
Humo	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary	carried by your cable syste FCC rules and regulations	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								
Transmitters: Television	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:									
	station was carried <i>only</i> or • List the station here, and	also in space I, if the station was carried	both on a substitute basis and als	so on some other						
	Column 1: List each statio	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 the form	rogram services such as HBO, ES	PN, etc. Identify each						
	Column 2: Give the chann of license. For example, W	IRC is channel 4 in Washington, D.C. a case whether the station is a network s	C C	·						
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	IEL NUMBER 3. TYPE OF STATION 4. LOCA							
	KAFT-1	13	Е	FAYETTEVILLE, AR						
	KFSM-1	5	N	FORT SMITH, AR						
d Rows as Necessary	KFTA-1	24	I	FORT SMITH, AR						
	KHBS-1	40	N	FORT SMITH, AR						
	KHBS-2	40.2	I-M	FORT SMITH, AR						
	KNWA-1	51	N	ROGERS, AR						
	KXNW-1	25	1	EUREKA SPRINGS, AR						
		25		EURENA SPRINGS, AR						

EGAL NAME OF									SYSTEM 014
	every radio s	tation ca	arried on a separate and discrence of the second					ied on an	н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	tt sy: his econe	he system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7 01 1 11	0,0			0.122 0.011	7 01 1	0,0		
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Accounting Perio	d: 2022/2					FO	RM SA1-2E. PAGE 5						
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#						
Name	CEQUEL COMMUNICA	TIONS LL	.C				014680						
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG									
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fu explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.												
Carriage:	e: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basis	s, any nonnetw	work television progra	am						
Statement and Program Log	broadcast by a distant stat		,			YES	×NO						
Program Log	5												
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mus	st complete the progr	am						
	.	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS											
	In General: List each subst			te line. Use abbreviations v	wherever poss	sible if their meaning	is						
	clear. If you need more space					solo, il their meaning	10						
				sion program ("substitute p									
	period, was broadcast by a												
	under certain FCC rules, re												
	Do not use general categori "NBA Basketball: 76ers vs.		vies or daske	toall. List specific program	i titles, for exa	imple, I Love Lucy d)r						
			lcast live, enter	"Yes." Otherwise enter "N	lo."								
				sting the substitute program									
				e community to which the			ı						
	the case of Mexican or Can												
			when your syst	em carried the substitute p	orogram. Use i	numerals, with the me	onth						
	first. Example: for May 7 giv		substitute prov	gram was carried by your o	sahle system	List the times accurat	alv						
	to the nearest five minutes.						leiy						
	stated as "6:00-6:30 p.m."					···· [················							
				was substituted for progra									
	to delete under FCC rules a						gram						
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete undel	r FCC rules ar	nd regulations in							
					WHEI	N SUBSTITUTE							
	S	UBSTITUT	E PROGRAM		CARRIA	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:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 014680
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service Imount, see	3,492.56 pss 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 \$200,000 but less than or equal to \$200,000 but less than \$200,000 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 t accounting period is \$52.00.	his 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 \$ 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		0.00
	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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filler Fr			
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 m		

Accounting Period:	: 2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC				SYSTEM ID# 014680
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	bers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan ne cable system carried televi	ons	annels during the a	accounting period.	7 55
N Individual to Be Contacted	we can conta	TO BE CONTACTED IF FUR	THER INFORMATION IS NEE	DED (Identify an ii	ndividual	
for Further Information	Name	RODNEY HASKINS			Telephone (90	3) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, ap TYLER, TX 75701				
	Email	(City, town, state, zip)	SKINS@ALTICEUSA.COM		Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in	accordance with (Copyright Office regulations)	
O Certification			: one, <i>but only one</i> , of the boxes. r partnership) I am the owner of		is identified in line 1 of space B; or	
	(Age		pration or partnership) I am the the owner is not a corporation or		ent of the owner of the cable system	n as identified
	X (Off	icer or partner) I am an office in line 1 of space B.	r (if a corporation) or a partner (if	a partnership) of t	ne legal entity identified as owner of	the cable system
	are true, comp		nd hereby declare under penalty o my knowledge, information, and			
			X /s/ Alan Danne Enter an electronic signature o Enter signature using an "/s/ si	n the line above to	•	
		Typed or print	ed name: ALAN DANNE	ENBAUM		
		Title:	SVP, PROGRAMMIN			
		Date:			2/28/2023	

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counting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	014680
 Special statements concerning groups are not in the setallity exprise () holew. 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? 	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
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.	
Owner Address	
ID number First community served Accounting period	

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