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 Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/28/2023	\$ ALLOCATION NUMBER				

Return completed workbook by email to coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	CCOUNTING PERIOD CO	OVERED BY THIS STATEMENT: (YY	YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		20222 Barcode Data Filing Period (optional	- see instructions)	
Period				
В	Instructions: Give the full legal name of the subsidiary, not that of the particular in the particular	•	ary of another corporation, give the full corporate title of th	е
Owner	List any other name or names	s under which the owner conducts the business of th	e cable system.	
		s during the accounting period, only the owner on the ralty fee payment covering the entire accounting per	e last day of the accounting period should submit a single iod.	
	Check here if this is the system	m's first filing. If not, enter the system's ID number a	ssigned by the Licensing Division.	028259
	LEGAL NAME OF OWNE	ER/MAILING ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATION	ONS LLC		
	BUSINESS NAME(S) OF	OWNER OF CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNI	CATIONS		
	MAILING ADDRESS OF C	OWNER OF CABLE SYSTEM		
	3027 S SE LOOP 3			
	(Number, street, rural route, apartr	ment, or suite number)		
	(City, town, state, zip)			
С			tify the business and operation of the system unle e system, if different from the address given in sp	
System	1 IDENTIFICATION OF CABLE	SYSTEM:		
	DAINGERFIELD, T			
	MAILING ADDRESS OF CAE	BLE SYSTEM:		
	(Number, street, rural route, apartr	ment, 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 filling, a determination that would be made by a court of law.

Name    EGUAL MANGE OF COMPETED COMPETE		1	FORM SA1-2E. PAGE 1				
CEQUEL COMMUNICATIONS LLC  Description of the capture community surved by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "separate and distinct community or municipal entity (including unincorporated acress and including single, distructions. Luc and the community of municipal entity (including unincorporated acress and including single, distructions are community." A CFL R-56-8(b). The first community that you like till give rave as a form of system identification between some state from the first community. Please use it as the first community and if future filings.  Area Screed  First Community  CITY OR TOWN STATE  DAINGERFIELD TX  CASS COUNTY (PORTION) TX  HUGHES SPRINGS TX  LOBE STAR TX  MORRIS COUNTY (PORTION) TX  TITUS COUNTY (PORTION) TX	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
separate and distinct community or municipal entity (including unincorporated across and including single, discr unincorporated across and including single							
unincorporated areas): 47 C.F.R. 76.5(dd). The first community and liture filings.  Area gerved  Area gerved  First DANIGERFIELD  CASS COUNTY(PORTION)  Floors as freesatary  ADRIES COUNTY(PORTION)  TX  MORRIS COUNTY(PORTION)  TX  TITUS COUNTY(PORTION)  TX  TX  TX  TX  TX  TX  TX  TX  TX  T		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				
Area Served  City.  City DAINGERFIELD  CASS COUNTY(PORTION)  HUGHES SPRINGS  TX  LONE STAR  MORRIS COUNTY(PORTION)  TITY  TITUS COUNTY(PORTION)  TX  TITUS COUNTY(PORTION)  TX  TITUS COUNTY(PORTION)  TX  TITUS COUNTY(PORTION)  TX  TITUS COUNTY(PORTION)	D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	as a form of system identification hereafter known as the "first				
First DAINGERFIELD TX Community CASS COUNTY(PORTION) TX HUGHES SPRINGS TX LONE STAR TX MORRIS COUNTY(PORTION) TX TITUS COUNTY(PORTION) TX TITUS COUNTY(PORTION) TX			ne parks should be reported in parentheses below the identifi				
First Community CASS COUNTY(PORTION) TX HUGHES SPRINGS TX LONE STAR TX MORRIS COUNTY(PORTION) TX TITUS COUNTY(PORTION) TX TITUS COUNTY(PORTION) TX  TO STAR TX T	Served						
Community  HUGHES SPRINGS TX  LONE STAR TX  MORRIS COUNTY(PORTION) TX  TITUS COUNTY(PORTION) TX  TITUS COUNTY(PORTION) TX							
HUGHES SPRINGS TX LONE STAR TX MORRIS COUNTY(PORTION) TX TITUS COUNTY(PORTION) TX  TITUS COUNTY(PORTION) TX							
LONE STAR TX MORRIS COUNTY(PORTION) TX  TITUS COUNTY(PORTION) TX	Community		I .				
MORRIS COUNTY(PORTION) TX TITUS COUNTY(PORTION) TX							
TITUS COUNTY(PORTION)  TX  TX	d Rows as Necessary						
		MORRIS COUNTY(PORTION)	TX				
		TITUS COUNTY(PORTION)	TX				

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

028259

#### **CEQUEL COMMUNICATIONS LLC**

## E

Name

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** 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 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 in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
04750000 05 050005	NO. OF	DATE	OATEOODY OF OFDIVIOR	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	582	50.00			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	28	45.95			
Converter					
Residential					
Non-residential					

## F

### Services Other Than Secondary Transmissions: Rates

#### 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, 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 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, 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.

**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) description and include the rate for each.

		BLOCK 2					
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE						
Continuing Services:		Installation: Non-residential					
• Pay cable	17.00	Motel, hotel					
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial					
<ul> <li>Fire protection</li> </ul>		• Pay cable					
<ul> <li>Burglar protection</li> </ul>	*Burglar protection     *Pay cable-add'l channel						
Installation: Residential		Fire protection					
• First set	99.00	Burglar protection					
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:					
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00				
Converter		Disconnect					
		Outlet relocation	25.00				
		Move to new address	99.00				

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028259

## PRIMARY TRANSMITTERS: TELEVISION

G

# Primary Transmitters: 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, *except* (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 *not* 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 *only* 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. *Do not* 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 a network station, an independent station, or a noncommercial 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KLTS-1	24	E	SHREVEPORT, LA
KLTS-HD1	24	E-M	SHREVEPORT, LA
KLTV-1	7	N	TYLER, TX
KMSS-1	33	l	SHREVEPORT, LA
KMSS-HD1	33	I-M	SHREVEPORT, LA
KPXJ-1	21	I	MINDEN, LA
KPXJ-2	21.2	I-M	MINDEN, LA
KPXJ-4	21.4	I-M	MINDEN, LA
KPXJ-HD1	21	I-M	MINDEN, LA
KSHV-1	45	I	SHREVEPORT, LA
KSHV-HD1	45	I-M	SHREVEPORT, LA
KSLA-1	12	N	SHREVEPORT, LA
KSLA-2	12.2	I-M	SHREVEPORT, LA
KSLA-3	12.3	I-M	SHREVEPORT, LA
KSLA-4	12.4	I-M	SHREVEPORT, LA
KSLA-HD1	12	N-M	SHREVEPORT, LA
KTAL-1	6	N	TEXARKANA, TX
KTAL-HD1	6	N-M	TEXARKANA, TX
KTBS-1	3	N	SHREVEPORT, LA
KTBS-2	3.2	I-M	SHREVEPORT, LA
KTBS-3	3.3	I-M	SHREVEPORT, LA
KTBS-4	3.4	I-M	SHREVEPORT, LA
KTBS-HD1	3	N-M	SHREVEPORT, LA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028259

## **CEQUEL COMMUNICATIONS LLC**

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

		1	<del>.</del>			1	<b>.</b>
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Primary Transmitters: Radio

Accounting Perio	d· 2022/2					FOI	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:			101	SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C				028259		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
I	In General: In space I, identi substitute basis during the ad	, ,		, , ,					
Substitute									
Carriage: Special	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnet				
Program Log	broadcast by a distant stat					YES	NO		
	<b>Note:</b> If your answer is "No	" leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the progra	am		
	log in block 2.  2. LOG OF SUBSTITUTE	PPOGPA	MS						
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the and regulation	m on a separa' add additional r nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute prog program carrie	ows to the tables. sion program ("substitute pur cable system substitute solds. See page (v) of the general stabil." List specific program "Yes." Otherwise enter "Nosting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:  was substituted for programing the accounting period	program") that d for the program instruction in titles, for existed."  m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 mming that y; enter the let	t, during the accountin ramming of another stans for further information ample, "I Love Lucy" or tiffied).  The country of the times accurate the	g ation on. r onth ely		
	·		E DDOOD AM			EN SUBSTITUTE	7 554004505		
		2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	AGE OCCURRED  6. TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
						_			
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Accounting Period:	2022/2		FORM SA	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM II 02825
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's so (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transmocompute this a	nission service amount, see	1,930.45
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 th  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	an \$527,600.	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 y accounting period is \$52.00.		his six-month	
	Line 1. Royalty fee for accounting period			
	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		• •	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	171,930.45		
	3. Subtract line 2 from line 1	91 869 55		
			174 020 45	
	4. Enter the amount of gross receipts from space K		171,930.45	
	5. Enter the amount from line 3		91,869.55	
	6. Subtract line 5 from line 4	\$	80,060.90	
	7. Multiply line 6 by .005 (enter figure here)		\$	400.30
	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		\$	400.30
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	,600)	
	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			
	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			
	TIERROTEE MAD TOTAL NEIGHT TANGE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	400.30	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	420.30
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payabl See page i of the general instructions in the paper SA1-2 form and the Excel instructions.			

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.				
Name		OWNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 028259				
M Channels	to its subscribe	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable								
	system carrie	ed television broadcast station	ns							
	on which the	al number of activated channe cable system carried television dcast services	on broadca	nst stations		333				
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of accor		RMATION IS NEEDED (Identify an ind	ividual					
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152				
omaasii	Address	3027 S SE LOOP 323 (Number, street, rural route, apart		e number)						
		TYLER, TX 75701 (City, town, state, zip)								
	Email	RODNEY.HASI	KINS@AL	TICEUSA.COM	Fax (optional					
	CERTIFICATION	(This statement of account m	nust be cert	ified and signed in accordance with Co	pyright Office regulations)					
O Certification	• I, the undersigned	ed, hereby certify that (Check o	one, <i>but onl</i> y	y one , of the boxes.)						
	(Owne	er other than corporation or p	partnership	o) I am the owner of the cable system as	identified in line 1 of space I	B; or				
	(Agent			rtnership) I am the duly authorized agen not a corporation or partnership; or	t of the owner of the cable s	system as identified				
	X (Offic	er or partner) I am an officer ( in line 1 of space B.	(if a corpora	ation) or a partner (if a partnership) of the	legal entity identified as own	ner of the cable system				
		ete, and correct to the best of m	-	clare under penalty of law that all stateme ge, information, and belief, and are made						
	1		X	/s/ Alan Dannenbaum						
				lectronic signature on the line above to cer ature using an "/s/ signature" (e.g., /s/ Joh						
		Typed or printed	d name:	ALAN DANNENBAUM						
		Title:		ROGRAMMING position held in corporation or partnership)						
		Date:			2/28/2023					

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.

FORM SA1-2E. PAGE 8. Accounting Period: 2022/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 028259 CEQUEL COMMUNICATIONS LLC 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-P 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-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . . . . \$ Name Name Mailing Address Mailing Address 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. Interest Assessment x 0.00274 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

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.