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

063882

STATEMENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to		
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
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	BY THIS STATEMENT: (YY)	(Y/(Period))		
2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
20222	Barcode Data Filing Period (optional -	see 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

If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single

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.

List any other name or names under which the owner conducts the business of the cable system.

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

statement of account and royalty fee payment covering the entire accounting period.

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)

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.

Period

Β

Owner

С

System

1

2

Instructions:

subsidiary, not that of the parent corporation.

CEQUEL COMMUNICATIONS LLC

SUDDENLINK COMMUNICATIONS

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

Number, street, rural route, apartment, or suite number)

3027 S SE LOOP 323

TYLER, TX 75701 (City, town, state, zip)

(City, town, state, zip code)

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

FULTON COUNTY DETENTION CENTER

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#				
Name						
D Area Served	CEQUEL COMMUNICATIONS LLC063882Instructions: 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.					
Contra						
First	CITY OR TOWN HICKMAN	STATE KY				
Community	(FULTON COUNTY DETENTION CENTER)					
Add Rows as Necessary						

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
	SECONDARY TRANSMISSION				TES.						
E	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										
Secondary	about other services (including p						iose existi	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	•									
Rates	each category by counting the n										
	separately for the particular serv										
	Rate: Give the standard rate c	-	-	•			-				
	unit in which it is generally billed category, but do not include disc	· ·	,		y standaro	d rate variations	within a p	articular rate			
	Block 1: In the left-hand block				es of seco	ondary transmiss	ion servic	e that cable			
	systems most commonly provide			0		•					
	that applies to your system. Note	e: Where an indi	vidual	or organization	is receivir	ng service that fa	alls under	different			
	categories, that person or entity						•				
	subscriber who pays extra for ca first set" and would be counted o					in the count unc	er "Servic	e to the			
	Block 2: If your cable system					service that are	different fr	om those			
	printed in block 1 (for example, t	Ũ									
	with the number of subscribers a										
	sufficient.	0.014.4					B I 0.01	()			
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBER	S RATE		
	Residential:										
	 Service to first set 		0	-							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		21	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES							
F	In General: Space F calls for rat		'		•						
Г	not covered in space E, that is, those services that are not offered in combination with any secondary transmission										
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services										
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:	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										
	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.										
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	/ICE	RATE	CATEG	BLOCK 2			
	Continuing Services:			tion: Non-resi		TUTE	0/1120				
	• Pay cable	-		el, hotel							
	• Pay cable—add'l channel	-		nmercial							
	Fire protection			cable							
	•Burglar protection			cable-add'l ch	annel						
	Installation: Residential			protection							
	• First set	_		glar protection							
	Additional set(s)			ervices:							
	• FM radio (if separate rate)			onnect							
	• Converter			connect							
	Convertor			let relocation							
			- Oul			-					
			• Mos	e to new addre							

nting Period:										
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II 06388						
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G	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								
Primary nsmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations:								
	• Do not list the station her station was carried only or	e in space G—but do list it in space I (th								
	basis. For further information Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	ctions. PN, etc. Identify each						
	"WETA-2" as the same on Column 2: Give the chann	c c								
	Column 3: Indicate in each	n case whether the station is a network s ering the letter "N" (for network), "N-M" (for	•							
	(for independent multicast) For the meaning of these to Column 4: Give the location	"E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list dian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	tional multicast). n is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	AST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCA							
	WSIL-1	3	N	HARRISBURG, IL						
	WSIL-1	3	N	HARRISBURG, IL						
	KFVS-1	12	N	CAPE GIRARDEAU, MO						
is Necessary				······						
s Necessary	KFVS-1	12		CAPE GIRARDEAU, MO						
; Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23	I	CAPE GIRARDEAU, MO						
Necessary	KFVS-1 KBSI-1 WPSD-1	12 23 6	N I	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY						
as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
s as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
rs as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
vs as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
vs as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
vs as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
vs as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
ws as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
ws as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
ws as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
ws as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
ws as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
ws as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
ws as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						
ws as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	WPSD-1	6		PADUCAH, KY						
	KFVS(WQWQ)-1	12.2		PADUCAH, KY						

CEQUEL CO	MMUNICA								SYSTEM 063
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl						н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf 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 ive 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 oyright Office regulations on th each station carried. on is AM or FM. nal was electronically process (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, ited intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5	
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	.C					063882	
	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 or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth 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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	 During the accounting peri 	-			s. anv nonne	twork televis	ion program	ı	
Statement and	broadcast by a distant stat			,,,	-, ,			XNO	
Program Log	5						YES		
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the prograr	n	
	log in block 2.								
	 LOG OF SUBSTITUTE In General: List each subst 			e line. I lee abbreviations v	wherever nos	sible if their	meaning is		
	clear. If you need more space	ce, please a of every nor	add additional r nnetwork televi	ows to the tables. sion program ("substitute p	orogram") tha	it, during the	accounting		
	under certain FCC rules, reg Do not use general categori	gulations, o es like "mo [,]	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	informatior		
		n was broad		· "Yes." Otherwise enter "N sting the substitute progra					
	the case of Mexican or Can	adian statio	ns, if any, the c	e community to which the community with which the second the second the substitute preserved th	station is iden	itified).		ith	
	first. Example: for May 7 giv Column 6: State the time	e "5/7." es when the	substitute proc	gram was carried by your o	able system.	List the time	es accuratel		
	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	15 p.m. to 6:2	8:30 p.m. sh	ould be		
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas required	d	
	to delete under FCC rules a							am	
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete unde	r FCC rules a	ind regulation	ns in		
								1	
	s	UBSTITUT	E PROGRAM			EN SUBSTIT		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то		
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063882
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	5,292.00 ss 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 \$ • Use block 3 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 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		
Filing Foc and			
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 #		
	<u>Important:</u> 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:	:		SYSTEM ID# 063882
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 wh ried television broadcast station otal number of activated channe ne cable system carried televis	ions	he accounting period.	6 31
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	RTHER INFORMATION IS NEEDED (Identify a count.)	an individual	
for Further Information	Name	RODNEY HASKINS	5	Telephone (903) 5	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)			
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account i	must be certified and signed in accordance w	ith Copyright Office regulations)	
O Certification			x one, <i>but only one</i> , of the boxes.) r partnership) I am the owner of the cable syste	em as identified in line 1 of space B; or	
		in line 1 of space B and that icer or partner) I am an officer	oration or partnership) I am the duly authorized the owner is not a corporation or partnership; or er (if a corporation) or a partner (if a partnership)		
	are true, comp		nd hereby declare under penalty of law that all sta f my knowledge, information, and belief, and are		
	ĺ		X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g.,		
		Typed or printe	ed name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partnershi	p)	
		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.

Accounting Period: 2022/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CEQUEL COMMUNICATIONS LLC	063882
 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 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
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
X	
Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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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