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	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.	8-29-23	\$ 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	
		20231 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.	002742
		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)	
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		ELECTRA, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or sulte number)	
		(City, town, state, zip code)	

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	002742
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will a community." Please use it as the first community on all future filings.	nunity" is the same as a "community unit" as defined in FCC rules: "a ommunities within unincorporated areas and including single, discrete
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob city.	ile home parks should be reported in parentheses below the identified
		STATE
First Community	ELECTRA	TX
,		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							SA1-2E. PAGE			
Name	CEQUEL COMMUNICAT							-	00274			
Е	SECONDARY TRANSMISSION In General: The information in s	transmission s	ervice o	of the cable								
—	system, that is, the retransmission			-	•							
Secondary	about other services (including p											
Transmission	last day of the accounting period											
Service: Sub- scribers and	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											
Rates	each category by counting the nu											
	separately for the particular serv	ice at the rate i	ndicated	I-not the numb	per of sets	receiving servi	ce).	-				
	Rate: Give the standard rate c	-	-	•				-				
	unit in which it is generally billed. category, but do not include disc	· · ·	,		y standard	a rate variations	within a	a particular rate				
	Block 1: In the left-hand block				es of seco	ondary transmiss	sion ser	vice that cable				
	systems most commonly provide											
	that applies to your system. Note			-		-						
	categories, that person or entity subscriber who pays extra for ca					0,						
	first set" and would be counted o						ei Sei					
						service that are	differen	t from those				
	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 a sufficient.	nd rates, in the	right-ha	and block. A two	- or three	-word description	n of the	e service is				
		DCK 1					BLO	OCK 2				
		NO. OF		DATE	047			NO. OF				
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBER	RS RATE			
	Service to first set		25	50.00								
	Service to additional set(s)		23	50.00								
	• FM radio (if separate rate)			••••••								
	Motel, hotel											
	Commercial		9	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		REMISS									
-	In General: Space F calls for rat	- 			pect to all	your cable syst	em's se	ervices that were				
F	not covered in space E, that is, t											
Services	service for a single fee. There ar furnished at cost or (2) services	•						· ·				
Other Than	amount of the charge and the un											
Secondary	enter only the letters "PP" in the	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											
	brief (two- or three-word) descrip											
		BLO	CK 1					BLOCK 2	2			
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CAT	EGORY OF SERVI				
	Continuing Services:		Installa	tion: Non-resid	dential							
	• Pay cable	17.00	• Mot	el, hotel								
	 Pay cable—add'l channel 	19.00	• Con	nmercial								
	 Fire protection 		• Pay	cable								
	 Burglar protection 			cable-add'l cha	annel							
	Installation: Residential			protection								
	First set	99.00		glar protection								
	• Additional set(s)	25.00		ervices:								
	• FM radio (if separate rate)			onnect		40.00						
	Converter			connect								
			 Out 	let relocation		25.00						
				ve to new addre		99.00						

			SYSTEM						
			002						
In General: In space G, idicarried 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 m • Do not list the station her station was carried only 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 enter (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including t im during the accounting period, <i>except</i> i in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. nel number the FCC assigned to the telev. 'RC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list	(1) stations carried only on a part-t e carriage of certain network progr I(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc ogram services such as HBO, ESI -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r 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						
K44FI-1	44	E	WICHITA FALLS, TX						
KAUZ-1	6	N	WICHITA FALLS, TX						
KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
KFDX-1	3	N	WICHITA FALLS, TX						
KJBO-1	3	I	WICHITA FALLS, TX						
KJTL-1	18	I	WICHITA FALLS, TX						
KSWO-1	7	N	LAWTON, OK						
KSWO-2	7.2	I-M	LAWTON, OK						
	CEQUEL COMMUNIC PRIMARY TRANSMITTERS: In General: In space G, id 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 r • Do not list the station here, station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, W Column 3: Indicate in eacl educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN K44FI-1 KAUZ-2 KFDX-1 KJBO-1 KJTL-1 KSWO-1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including to carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting th 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.67 substitute pagram basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carbasis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space 1 (th station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stations; Column 1: List each station's call sign. Do not report origination pr multicast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the televof license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network s educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), or For the meaning of these terms, see page (iv) of the general instruction of the location of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the station of the station of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the station of the station is a network s stations, if any, give the nam	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power to carried by your cable system during the accounting period, except (1) stations carried only on a part-IFCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progr FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progr 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (e)(2) and (4)); and (2) certain status substitute program basis, as explained in the next paragraph. Substitute Basis Stations: No not list the station here in space G—but do list it in space I (the Special Statement and Program 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 als basis. For further information concerning substitute basis stations, see page (v) of the general instruct Column 1: List each station's call sign. Do not report origination program services such as HBO, ES multicast stream associated with a station according to its over-the-air designation. For example, NEC is channel 4 in Washington, D.C. Column 2: Indicate in each case whether the station is a network station, an independent station, yee there information concommercial educations, its the community to which the station FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station FCC. For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2 form.						

EGAL NAME OF	OWNER OF C							SYSTEM II 0027
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by nonitoring, to rmation about m. entify the call tate whether t the radio stati his by placing ive the statior	y the sys be receivent the Cope sign of e he station ion's sign a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea system's FM anten is point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep 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
		1			-	S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2023/1					FC	DRM SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	.C				002742				
_	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	;						
I	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the paper SA	1-2 form.				
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork telev <u>ision</u> progr	am				
Program Log	broadcast by a distant stat	tion?				YES	× NO				
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu		ram				
	log in block 2.	,			, , , , , , , , , , ,						
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst				wherever pos	sible, if their meaning	is				
	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	ies like "mo									
	"NBA Basketball: 76ers vs. Column 2: If the program	n was broad									
	Column 3: Give the call s Column 4: Give the broa					need by the ECC or i	n				
	the case of Mexican or Can						11				
	Column 5: Give the mon			2		,	onth				
	first. Example: for May 7 giv										
	Column 6: State the time						itely				
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6.01	. 15 p.m. to 6:2	o.so p.m. should be					
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that y	our system was <i>requ</i>	ired				
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	d; enter the let	ter "P" if the listed pro					
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulations in					
	effect on October 19, 1976.										
	s	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE 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				
						_					
		+			-						
		+			-						
		+			-						
		+			-						
						_					
		+			-						
		+	+		-						
		+			-						
					-						
						_					
						_					
		<u>+</u>			-						
		+			-						
		.			-						
						_					
						_					
		+			-						
		+			-						
1					-						
					-						
					-						

Accounting Period:	2023/1 FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY CEQUEL COMMUNICATIONS LLC	STEM ID# 002742
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	6,035.96 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 \$263,800. 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. 	
	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 this six-month accounting period is \$52.00.	
	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 \$137,100)	
	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 \$527,600)	
	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) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
		_
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC				SYSTEM ID# 002742
M Channels	to its subscrib 1. Enter the to	ers, and (2) the cable system's to	otal numb n the cable	s on which the cable system carried per of activated channels during the a e	accounting period.	8
	on which th	tal number of activated channels e cable system carried television adcast services	n broadca	st stations		55
N Individual to		TO BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an ir	ndividual	
Be Contacted for Further Information	Name	RODNEY HASKINS			Telephone (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)	ent, or suite	e number)		
	Email	RODNEY.HASK	INS@AL	TICEUSA.COM	Fax (optional	
O Certification	I, the undersig (Own (Age X (Off I have examin are true, comp	ned, hereby certify that (Check on her other than corporation or pa nt of owner other than corporat in line 1 of space B and that the icer or partner) I am an officer (if in line 1 of space B. ed the statement of account and h	e, but only rtnership ion or par owner is r a corpora ereby decl	ified and signed in accordance with (<i>v one</i> , of the boxes.)) I am the owner of the cable system a rtnership) I am the duly authorized ag not a corporation or partnership; or tion) or a partner (if a partnership) of th lare under penalty of law that all staten je, information, and belief, and are mad	as identified in line 1 of space B; or ent of the owner of the cable system he legal entity identified as owner of th nents of fact contained herein	
			Enter an el	/s/ Alan Dannenbaum lectronic signature on the line above to o ature using an "/s/ signature" (e.g., /s/ J	-	
		Typed or printed	name:	ALAN DANNENBAUM		
				ROGRAMMING position held in corporation or partnership)		
		Date:			8/29/2023	

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unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
UEL COMMUNICATIONS LLC	002742
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.	P Special Statement Concerning Gross Receipts Exclusion
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. 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	

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C	Cal Wol	ble rksheet	Total amount of remittance	Number of SAs rec'd			Initials	
			Date of remittance	Check	🗆 EFT	🗆 FILIN	G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocati	on number			
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No spa	ces)	
Period		r sent	C] Information re	eceived			
		oted	C] Phone call/Da	te/Contact			
Space B Owner								
	□ Letter	rsent	C	Information re	eceived			
		oted	Phone call/Date/Contact					
Space D Area Served								
	□ Letter	r sent	Ľ	Information re	eceived			
		oted	Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	□ Letter	r sent	C] Information re	eceived			
and Rates		oted	C] Phone call/Da	te/Contact			
Space G Primary Transmitters:								
Television	□ Letter	rsent	C] Information r	eceived			
		oted	C] Phone call/Da	ite/Contact			
Space H Primary Transmitters:								
Radio		oted	[] Phone call/Da	ite/Contact			

		Carriage
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
C Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
	□ Info/add'l fee received	
□ Letter sent		