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	FOR COPYRIGHT OFFICE USE ONLY				
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.			
Δ						

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		2023/1 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.	004262							
		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)								
	(value, suee, dual role, apartment, of sale homber) TYLER, TX 75701 (City, town, state, zip)									
	INST	+ RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ss these							
С	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	ce B.							
System	1									
		EASTLAND, TX MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, 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 filing, a determination that would be made by a court of law.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID								
Name	CEQUEL COMMUNICATIONS LLC	004262								
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.									
First	CITY OR TOWN EASTLAND	STATE TX								
Community	EASTLAND COUNTY	ТХ								
	RANGER	тх								
Add Rows as Necessary										

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICATIONS LLC												
Е	SECONDARY TRANSMISSION In General: The information in s					/ transmission s	erv	ce of th	e cable				
_	system, that is, the retransmission			-	•								
Secondary	about other services (including p						hos	e existir	ig on the				
Transmission Service: Sub-	last day of the accounting period							watom	brokon				
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 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												
	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 that applies to your system. Note									/			
	categories, that person or entity			0		•				1			
								•					
	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.	,	0		-	•							
	BLO	OCK 1 NO. OF	<u> </u>					BLOCK	2 NO. ()E			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVI	CE	SUBSCR		RATE		
	Residential:												
	 Service to first set 		482	50.00									
	 Service to additional set(s) 												
	 FM radio (if separate rate) 												
	Motel, hotel												
	Commercial		54	45.95									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TRA	ISMISS	IONS: RATES	;								
F	In General: Space F calls for rat	e (not subscrib	er) infor	mation with rea	spect to all					re			
Г	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			6									
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•					vere not				
Hatoo	listed in block 1 and for which a s				•	0.							
	brief (two- or three-word) description and include the rate for each.												
		BLO	CK 1						BLOO	CK 2			
			0 A TE 0							RVICE	RATE		
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	(JATEG	JKT OF 3E				
	Continuing Services:		Installa	tion: Non-res		RATE	(JATEG	JAT OF 3E				
	Continuing Services: • Pay cable	17.00	Installa • Mot	tion: Non-res el, hotel		RATE	(DATEG					
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mot • Cor	tion: Non-res el, hotel nmercial		RATE		JATEG					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	17.00	• Mot • Con • Pay	tion: Non-res el, hotel nmercial ^r cable	idential	RATE		JATEG					
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	17.00	Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	17.00 19.00	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential nannel	RATE							
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential nannel	RATE							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.00 19.00	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential nannel	RATE							
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	17.00 19.00 99.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential nannel								
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Bury Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection eervices: connect	idential nannel								

-				SYSTEM							
Name	LEGAL NAME OF OWNER C			0042							
	CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION										
G Primary Ismitters: Ievision	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 <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by ente (for independent multicast)	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 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 b, or "E-M" (for noncommercial educational b, or "E-M" (for noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).									
	Column 4: Give the location	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	ne community to which the station								
	KERA-1	13		DALLAS, TX							
	KIDZ-1	42	- -	ABILENE, TX							
vs as Necessary	KPCB-1	17	I								
	KRBC-1	9	N	ABILENE, TX							
	KRBC-HD1	9	N-M	ABILENE, TX							
	KTAB-1	32	N	ABILENE, TX							
	KTAB-HD1	32	N-M	ABILENE, TX							
	KTXS-1	12	N	SWEETWATER, TX							
	KTXS-1 KTXS-2	12 12.2	N I-M	SWEETWATER, TX SWEETWATER, TX							
	KTXS-2	12.2	I-M	SWEETWATER, TX							
	KTXS-2 KTXS-HD1	12.2 12	I-M	SWEETWATER, TX SWEETWATER, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							
	KTXS-2 KTXS-HD1 KXVA-1	12.2 12 15	I-M N-M I	SWEETWATER, TX SWEETWATER, TX ABILENE, TX							

CEQUEL CO	OWNER OF C								SYSTEM I 0042
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
eceivable if (1) In the basis of r or 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 about m. lentify the call tate whether t the radio stati this by placing vive 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 of tem whenever it is received a ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. hal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	at t sy his seo	the system's hear stem's FM anter s point, see page d by the cable sy 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 ertain 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	
UNLL UIGIN		5/0	LOCATION OF STATION	Η	UALL DIGN		5/D	LOCATION OF STATION	
						·			
						·			
				1					
							<u> </u>		

Accounting Perio	d: 2023/1					FO	RM SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#					
Name	CEQUEL COMMUNICA	TIONS LL	_C				004262					
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	ì							
I	In General: In space I, identi substitute basis during the ad											
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	ictions in the paper SA1	-2 form.					
Carriage:												
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log	broadcast by a distant station?											
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu		am					
	log in block 2.		1 0	,		1 1 0						
	2. LOG OF SUBSTITUTE	PROGRA	MS									
	In General: List each subst				wherever pos	sible, if their meaning	S					
	clear. If you need more spa Column 1: Give the title				program") the	t during the accountin	a					
	period, was broadcast by a											
	under certain FCC rules, re											
	Do not use general categor		vies" or "baske	tball." List specific progra	m titles, for ex	ample, "I Love Lucy" o	ſ					
	"NBA Basketball: 76ers vs. Column 2: If the program	n was broad										
	Column 3: Give the call s Column 4: Give the broa					nsed by the FCC or in						
	the case of Mexican or Can											
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	numerals, with the mo	onth					
	first. Example: for May 7 giv		aubatituta pro		achla avatam	List the times securet	a h <i>u</i>					
	Column 6: State the time to the nearest five minutes.						eiy					
	stated as "6:00–6:30 p.m."	Example: a	i program oarn		10 p.m. to 0.2							
	Column 7: Enter the letter											
	to delete under FCC rules a was substituted for program						ram					
	effect on October 19, 1976.		our system wa									
					11							
	s	UBSTITUT	E PROGRAM	Γ		EN SUBSTITUTE	7. REASON FOR DELETION					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION					
						_						
						_						
		+			-							
		+	+		-							
		+			-							
		+				—						
					-							
		<u> </u>			-							
						_						
						_						
			 			_						
		+			-							
					-	—						
					-							
						_						
						_						
					-							
						_						
1	<u> </u>	+			-1	h						

Accounting Period:	2023/1 FORM SA1-2E. PAGE												
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I CEQUEL COMMUNICATIONS LLC 00420												
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.												
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												
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8												
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2												
	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 \$ 168,903.71												
	3. Subtract line 2 from line 1												
	4. Enter the amount of gross receipts from space K \$ 168,903.71												
	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												
	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												
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 370.04												
	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 \$ 390.04												
	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: MUNICATIONS LLC		SYSTEM ID# 004262					
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable system rs, and (2) the cable system's total number of activated channels dur al number of channels on which the cable ed television broadcast stations	ring the accounting period.	12					
	on which th	al number of activated channels cable system carried television broadcast stations dcast services		232					
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Iden about this statement of account.)	ntify an individual						
for Further Information	Name	RODNEY HASKINS	Telephone (903) 579-315	52					
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)							
	Email	RODNEY.HASKINS@ALTICEUSA.COM	Fax (optional						
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 								
		Enter an electronic signature on the line a Enter signature using an "/s/ signature" (e	above to certify this statement.						
		Typed or printed name: ALAN DANNENBAUI	M						
		Title: SVP, PROGRAMMING (Title of official position held in corporation or partr	nership)						
		Date:	8/29/2023						

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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	004262
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- 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- scribers 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	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	4
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 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.

C	Cal Wol	ble rksheet	Total amount of remittance	Number of SAs rec'd			nitials			
			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	r sent	Information received							
		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/Date/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		