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						
8-29-23	\$					
	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	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting Period		20231 Barcode Data Filing Period (optional - see instructions)								
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.									
		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)								
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
С	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1	IDENTIFICATION OF CABLE SYSTEM: HOUTZDALE STATE CORRECTIONAL INSTITUTION								
		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.

Name  LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in I "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated areas are unincorporated areas and including unincorporated areas are unincorporated areas and unincorporated areas are unin								
Name  LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in I "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafted 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 identified city.  CITY OR TOWN  STATE  HOUTZDALE  (HOUTZDALE SCI)	2E. PAGE 1b.							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in I "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including 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 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 identified city.  CITY OR TOWN STATE HOUTZDALE Community  (HOUTZDALE SCI)	TEM ID#							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in I "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including 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 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 identified city.  CITY OR TOWN STATE HOUTZDALE PA  (HOUTZDALE SCI)	CEQUEL COMMUNICATIONS LLC 062801							
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafted 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 identified city.  CITY OR TOWN STATE HOUTZDALE PA (HOUTZDALE SCI)								
Served identified city.  CITY OR TOWN STATE  First Community (HOUTZDALE SCI)	"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.							
First Community HOUTZDALE PA (HOUTZDALE SCI)	v the							
Community (HOUTZDALE SCI)								
Add Rows as Necessary								
Add Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

ccounting Perio	u: 2023/1							FORMA	0E D*05
	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name									TEM II
	CEQUEL COMMUNICAT	TIONS LLC							06280
_	SECONDARY TRANSMISSION	SEDVICE: SII	BSCB	IREDS AND D	\TEQ				
E	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	on of television	and ra	idio broadcasts	by your sy	stem to subscrib	ers. Give	information	
Secondary	about other services (including p						nose existi	ing on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole evetem	hroken	
scribers and	down by categories of secondar	·					-		
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of	-					-		
	unit in which it is generally billed category, but do not include disc				iny standa	rd rate variations	s within a p	Darticular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servic	ce that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b>			-		_			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					in the count un	uei Seivi	ce to the	
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	right-	hand block. A t	wo- or thre	e-word descripti	on of the s	service is	
		OCK 1					BLOCK 2		
	BE	NO. OF					BLOOK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		507	42.41					
	Converter								
	<ul> <li>Residential</li> </ul>								
	Non-residential								
					_				
	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable syst	em's serv	ices that were	
F	not covered in space E, that is, t	`	,		•	•			
	service for a single fee. There a	re two exceptio	ns: yoเ	u do not need to	give rate	information cond	cerning (1)	services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usuali	y billed. If any ra	ates are cr	arged on a varia	able per-pr	rogram basis,	
ransmissions:	•		ne cab	le system for ea	ach of the	applicable servic	es listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				ished. List	these other serv	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the	rate for each.			_		
	BLOCK 1							BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			lation: Non-res	idential				
	• Pay cable	-		otel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	_		ommercial					
	Fire protection			ay cable					
	•Burglar protection			ay cable-add'l cl	nannel				
	Installation: Residential			re protection					
	• First set	-		ırglar protection	l				ļ
	<ul> <li>Additional set(s)</li> </ul>		Other	services:					

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062801 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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

**Primary** Transmitters:

**Television** 

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION Ν WATM-1 23 ALTOONA, PA WJAC-1 6 Ν JOHNSTOWN. PA WKBS-1 47 **ALTOONA, PA** WPCW-1 19 I PITTSBURGH, PA WPSU-1 3 Ε CLEARFIELD, PA WTAJ-1 10 Ν ALTOONA, PA WWCP-1 8 JOHNSTOWN, PA

Add Rows as Necessary

Accounting Period: 2023/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

### **CEQUEL COMMUNICATIONS LLC**

SYSTEM ID#

062801

#### 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.

H

**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.

Primary Transmitters: Radio

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	, · · · · · · · · · · · · · · · · · · ·	•	•	1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		J	L			h	

Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	-C					062801		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm  1. SPECIAL STATEMENT  • During the accounting periodicast by a distant state	fy every nor ecounting pe ing that mus CONCER od, did your tion?	nnetwork televis eriod, under spe st be included in NING SUBST r cable system	ion program, broadcast by ecific present and former Fo this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas	a distant state CC rules, regune general ins	lations, or a tructions in	authorizations the paper SA vision program YES	For a further 1-2 form.		
	<b>Note:</b> If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, report of the case of Mexican or Cancer Column 3: Give the call of Column 4: Give the broad the case of Mexican or Cancer Column 5: Give the month of the case of Mexican or Cancer Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules as	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.  WHEN SUBSTITUTE									
	S	E PROGRAM	CARR	IAGE OC	CURRED	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. FROM	TIMES — TO	BEELTION		
							_			
					-					
					-					
							_			
					-					
					-					
					_					
							_			

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062801
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ampage (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.	sion service ount, see
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.  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.	3,800.
	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 this accounting period is \$52.00.	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 \$137,100	0)
	1. Base amount under statutory formula	
	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	_
	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 \$527,60	00)
	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	
		 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 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 of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7.					
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	SYSTEM ID# 062801					
M Channels	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 carried television broadcast stations.  7  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  51							
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)						
for Further Information	Name Address	RODNEY HASKINS  Telephone (903) 57  3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	9-3152					
	Email	TYLER, TX 75701  (City, town, state, zip)  RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)						
O Certification	• I, the undersign  (Owne)  (Agentia)  X (Official)  I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations)  med, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  mut 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  cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the call line 1 of space B.  and the statement of account and hereby declare under penalty of law that all statements of fact contained herein line and correct to the best of my knowledge, information, and belief, and are made in good faith.  tion 1001(1986)]						
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: ALAN DANNENBAUM  Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)						

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	062801
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."	P Special Statement Concerning Gross
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.	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 Mailing Address 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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Letter sent

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		lı	Initials	
			Date of remittance	_ Check	EFT	☐ FILI	NG FEES	
Cable ID #						Amount	Initials	
Examined by	Reviewe	ed by	Date examination completed	Allocation i	number			
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun peri	od) or /2 (for Jul-De	c period) No spa	ces)	
Period	Letter sent			Information recei	ved			
	☐ Accepted			Phone call/Date/0	Contact			
Space B Owner								
	Letter sent		]	☐ Information received				
	Accepted			Phone call/Date/0	Contact			
Space D Area Served								
	Letter sent		[	Information recei	ved			
	Accepted			Phone call/Date/0	Contact			
Space E Secondary Transission								
Service Subscribers:	Letter sent			Information recei	ved			
and Rates	☐ Accepted		Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	Letter sent		☐ Information received					
	Accepted			Phone call/Date/	Contact			
Space H Primary Transmitters:								
Radio	Accepted			Phone call/Date/	Contact			
						Space Substi Carria	tute	

 $\hfill \square$  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 Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
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
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	