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

| STATEM | ENT OF ACCOUNT | FOR COPYRIGH | Return completed workbook by email to | | | | | |
|-------------------|---|---|--|--|--|--|--|--|
| | ary Transmissions by | DATE RECEIVED | AMOUNT | | | | | |
| Cable Syste | ems (Short Form) | | | <u>coplicsoa@copyright.gov</u> | | | | |
| | | | \$ | For additional information, contact the U.S. Copyright | | | | |
| | ictions are located of this workbook. | 8-29-23 | ALLOCATION NUMBER | Office Licensing Division at (202) 707-8150. | | | | |
| | of this workbook. | | ALLOCATION NUMBER | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Α | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (YY | YY/(Period)) | | | | | |
| | | | | | | | | |
| | | Bariad 1 - January 1 June 20 | Paried 2 - July 1. December 21 | | | | | |
| | 2023/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | | | | | |
| | | 1 | | | | | | |
| | 20231 | Barcode Data Filing Period (optional - s | see instructions) | | | | | |
| Accounting | | - | | | | | | |
| Period | | | | | | | | |
| _ | Instructions: Give the full legal name of the owner of t | he cable system. If the owner is a subsidi | iary of another corporation, give the full corp | porate title | | | | |
| B | of the subsidiary, not that of the parent of | | , | | | | | |
| Owner | List any other name or names under whi | ch the owner conducts the business of th | e cable system. | | | | | |
| | If there were different owners during the | e accounting period, only the owner on th | e last day of the accounting period should s | ubmit a | | | | |
| | single statement of account and royalty f | ee payment covering the entire accounti | ng period. | 062492 | | | | |
| | Check here if this is the system's first filir | ng. If not, enter the system's ID number a | ssigned by the Licensing Division. | 063483 | | | | |
| | | | | | | | | |
| | LEGAL NAME OF OWNER/MAILIN | G ADDRESS OF CABLE SYSTEM | | | | | | |
| | CEQUEL COMMUNICATIONS LLC | | | | | | | |
| | BUSINESS NAME(S) OF OWNER O | F 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 r | umber) | | | | | | |
| | TYLER, TX 75701 (City, town, state, zip) | | | | | | | |
| | INSTRUCTIONS: In line 1, give any busin | ness or trade names used to identi | fy the business and operation of the s | system unless these | | | | |
| C | names already appear in space B. In line | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM | | | | | | | |
| | | | | | | | | |
| | 2 (Number, street, rural route, apartment, or suite r | umber) | | | | | | |
| | (City, town, state, zip code) | | | | | | | |
| | | | | | | | | |
| Privacy Act Notic | e: Section 111 of Title 17 of the United States Code a | uthorizes the Copyright Office to collect the | personally identifying information (PII) request | ed 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.

| NI | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II | | | | | |
|----------------------|--|-----------|--|--|--|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | 06348 | | | | | |
| D | 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 | | | | | | |
| Area Served | identified city. | | | | | | |
| | CITY OR TOWN | STATE | | | | | |
| First | | KY | | | | | |
| Community | (WEST KY WOMEN CORR) | | | | | | |
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| dd Rows as Necessary | | | | | | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | | | | | | FORM SA1- | TEM ID | | |
|------------------------|--|------------------|--------------------|-----------------------------|-------------|--------------------|-------------|------------------|--------|--|--|
| Name | | | | | | | | | 06348 | | |
| | | | | | | | | | | | |
| Е | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable | | | | | | | | | | |
| Secondary | system, that is, the retransmissi about other services (including | | | | | • | | | | | |
| Transmission | last day of the accounting period | • • • | | | • | | | sting on the | | | |
| Service: Sub- | Number of Subscribers: Bot | | | | | | • | | | | |
| scribers and Rates | down by categories of secondar each category by counting the n | • | | - | | • | | | | | |
| | separately for the particular service | vice at the rate | indicate | ed—not the nu | mber of se | ets receiving ser | vice). | - | | | |
| | Rate: Give the standard rate of | | | | | | | | | | |
| | unit in which it is generally billed category, but do not include disc | | | | | ard rate variation | is within a | particular rate | | | |
| | Block 1: In the left-hand block | k in space E, th | ne form | lists the catego | ories of se | • | | | | | |
| | systems most commonly provid that applies to your system. Not | | | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | | | |
| | subscriber who pays extra for ca | able service to | additio | nal sets would l | be include | d in the count u | • | | | | |
| | first set" and would be counted of | • | | | • • • | | a different | from these | | | |
| | Block 2: If your cable system printed in block 1 (for example, 5) | - | | - | | | | | | | |
| | with the number of subscribers | | | | | • | | | | | |
| | sufficient. | | | | | | BLOC | () | | | |
| | BLU | OCK 1 NO. OF | | | | | BLUCK | NO. OF | | | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CAT | EGORY OF SEF | RVICE | SUBSCRIBERS | RATI | | |
| | Residential: | | | | | | | | | | |
| | Service to first set | | 0 | - | | | | | | | |
| | • Service to additional set(s) | | | | | | | | | | |
| | • FM radio (if separate rate) Motel, hotel | | | | | | | | | | |
| | Commercial | | 71 | 42.41 | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | SERVICES OTHER THAN SEC In General: Space F calls for ra | | | | | all vour cable sv | stem's sei | rvices that were | | | |
| F | not covered in space E, that is, | • | | | | • • | | | | | |
| Ormitere | service for a single fee. There a | | | | • | | • • | | | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the u | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | rate column. | | - | | - | | | | | |
| ransmissions: Rates | 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) description and include the rate for each. | | | | | | | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | | | |
| | CATEGORY OF SERVICE | RATE | CATE | GORY OF SER | VICE | RATE | CATEG | ORY OF SERVICE | RATE | | |
| | Continuing Services: | | | ation: Non-res | idential | | | | | | |
| | • Pay cable | - | | tel, hotel | | | | | | | |
| | Pay cable—add'l channel | - | - | mmercial | | | | | | | |
| | Fire protection Burglar protection | | | y cable y cable-add'l cł | hannel | | | | | | |
| | Installation: Residential | | | e protection | | | | | | | |
| | • First set | - | Burglar protection | | | | | | | | |
| | Additional set(s) | - | | services: | | | | | | | |
| | • FM radio (if separate rate) | | ۰Re | connect | | - | | | | | |
| | Converter | | • Dis | connect | | | | | | | |
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| | | | | tlet relocation | | - | | | | | |

| ccounting Period: | 2023/1 | | | FORM SA1-2E. PAGE 3. | | | | | | | |
|---|---|--|---|---|--|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# 063483 | | | | | | | |
| Name | CEQUEL COMMUNICATIONS LLC | | | | | | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | | | | | |
| G Primary nsmitters: elevision | 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 | | | | | | | | | | |
| VISION | basis under specific FCC ru | les, regulations, or authorizations: e in space G—but do list it in space I (| (the Special Statement and Program I | | | | | | | | |
| | basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on t | n concerning substitute basis stations i's call sign. <i>Do not</i> report origination with a station according to its over-the he form. | ed both on a substitute basis and also s, see page (v) of the general instructi program services such as HBO, ESP ne-air designation. For example, repo | ions. N, etc. Identify each ort multistream | | | | | | | |
| | of license. For example, WF Column 3: Indicate in each educational station, by ente (for independent multicast), | RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), | evision station for broadcasting over s station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education | noncommercial endent), "I-M" | | | | | | | |
| | Column 4: Give the location | | ructions in the paper SA1-2 form. st the community to which the station the community with which the station | - | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | | | |
| | WAVE-1 | 3 | Ν | LOUISVILLE, KY | | | | | | | |
| | WBKI-1 | 58 | I | CAMPBELLSVILLE, KY | | | | | | | |
| lecessary | WDRB-1 | 41 | I | LOUISVILLE, KY | | | | | | | |
| | WHAS-1 | 11 | Ν | LOUISVILLE, KY | | | | | | | |
| | WKPC-1 | 15 | E | LOUISVILLE, KY | | | | | | | |
| | WLKY-1 | 32 | N | LOUISVILLE, KY | | | | | | | |
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| | MMUNICA | TIONS | YSTEM: LLC | | | | | SYSTEM I 0634 |
|---|--|---|--|---|---|--|---|----------------------------------|
| | | | | | | | | |
| | t every radio s | station ca | arried on a separate and disc nerally receivable by your cal | | | | | Н |
| eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate | it is carried by monitoring, to prmation about rm. lentify the call tate whether t the radio stat this by placing | y the sys be rece it the Co sign of the static ion's sig g a chec | I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. fon (the community to which the | at the system's h system's FM an this point, see pa sed by the cable | eadend, and (tenna, during o age (v) of the g system as a s | 2) it can certain s jeneral i eparate | be expected, tated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| | | | the community with which the | | - | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Peric | od: 2023/1 | | | | | | FORM SA1-2E. PAGE 5. | |
|--|--|-------------------------------|-------------------------------------|---|---------------------|--|-------------------------|--|
| Name | LEGAL NAME OF OWNER OF | | | | | | SYSTEM ID# 063483 | |
| | SUBSTITUTE CARRIAGE | : SPECIA | | | | tion, that your cab | | |
| Substitute | In General: In space I, identi substitute basis during the a explanation of the programm | ccounting point ing that must | eriod, under sp st be included i | ecific present and former F n this log, see page (v) of th | CC rules, reg | ulations, or author | izations. For a further | |
| Carriage: Special Statement and Program Log | SPECIAL STATEMENT During the accounting per broadcast by a distant star | iod, did yoι | | | sis, any nonr | | e program | |
| r rogram 20g | Note: If your answer is "No log in block 2. | | rest of this pa | ge blank. If your answer is | s "Yes," you r | | | |
| | 2. LOG OF SUBSTITUTE PROGRAMS 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 6: 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 <i>required</i> 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program | | | | | | | |
| | SUBSTITUTE PROGRAM | | | | | WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE | | |
| | 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 | |
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| Accounting Period: | 2023/1 | FORM SA1-2E. PAGE 6. |
|-------------------------------|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 063483 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute the 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. | smission service |
| 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 \$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 accounting period is \$52.00. | or this 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) |
| | 1. Base amount under statutory formula \$ 263,800.00 | <u>)</u> |
| | 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 \$52 | 27,600) |
| | 1. Enter the amount of gross receipts from space K | _ |
| | 2. Base amount under statutory formula \$ 263,800.00 | <u>)</u> |
| | 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 Fee and Total Remittance Due | Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | | 52.00 15.00 | |
| | 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 payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 f | | | |

| Accounting Period: | 2023/1 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---|----------------------|
| Name | | OWNER OF CABLE SYSTEM: IMUNICATIONS LLC | SYSTEM ID# 063483 |
| M Channels | to its subscribers | ou must give (1) the number of channels on which the cable system carried television broadcast stations is, and (2) the cable system's total number of activated channels during the accounting period. Il number of channels on which the cable | 7 |
| | 2. Enter the total on which the ca | I television broadcast stations | 39 |
| N Individual to Be Contacted | | D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.) | |
| for Further Information | Name | RODNEY HASKINS Telephone (903) 579 COOR COOR COOR COOR COOR COOR COOR | 9-3152 |
| | Address | 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) | |
| O Certification | I, the undersigned (Owned) (Agenting) (Agenting) X (Officing) I have examined | (This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or it of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in I of space B; or it 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 cab line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)] | |

| /s/ Alan Dannenbaum |
|---|
| 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) |
| Date: |

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| BUDELICOMMUNICATIONS LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The determining the total number of subscribers and the gross amounts paid to the cable system for the basis archers and amounts collected from subscribers and the gross amounts paid to the cable system for the basis archers and amounts collected from subscribers are the note on page (vi) of the general instructions tocated in the paper SA1-2 form. The total here and list the satellite carrier(s) below. There the canount of late payment or underpayment. There the amount of late payment or underpayment. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 2 by the number of days late and enter the sum here. A under the late of the subscriber is active in the satellite carrier(s) below. Interest Assess Line 4 Multiply line 3 by 0.00274 ⁴⁺ and enter here In space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 To two the interest rate chart click on www.coggrift gov/licensing/interest-zete getf. For further assistance please (Interest Assesses) Converting Convertin | unting Period: 2023/1 | FORM SA1-2E. PAGE |
|---|--|--|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellia Home Viewer Act of 1988 amended Tile 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 reaving secondary transmissions pursuant to exclude these amounts, see the note on page (vii) of the general instructions to cation 119. The counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions may broadcast transmissions. Invite the total here and list the satellite carrier(s) below. INTEREST ASSESSMENT You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest rasessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rase and enter the sum here | L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II |
| The Sabellite Home Viewer Act of 1988 amended Tills 17, section 111(d)(T)(A), of the Copyright Act by adding the following serience: Indetermining the total number of subacribers and the gross amounts paid to the cable system for the basic seriences and amounts collected from subsoribers receiving secondary transmissions pursuant to section 119. ¹ P 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. S During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite darier (s) below. \$ Mame Mame Mame Mating Address Mame Mame Mame Mating Address Mame Mame Mame Mame Mame Mating Address | UEL COMMUNICATIONS LLC | 06348 |
| 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? No Image: Type: Ty | 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- | - Special Statement Concerning Gross |
| made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Maing Address Line 1 Enter the amount of late payment or underpayment Maine Address | | |
| YES. Enter the total here and list the satellite carrier(s) below. | made by satellite carriers to satellite dish owners? | |
| Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assess Line 1 Enter the amount of late payment or underpayment | | |
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| x | Line 1 Enter the amount of late payment or underpayment | Interest Assessmen |
| x | x | |
| x | 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 | | _ |
| 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 | | |
| in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 | | — |
| (interest charge) * 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 | Line 4 Multiply line 3 by 0.00274** and enter here | |
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| Address ID number | | |
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| First community served | ID number | |
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| C | Cable Worksheet | Total amount of remittance | Numbe | r of SAs rec'd | Initials | | |
|-------------------------------------|--------------------|-------------------------------|------------------------|-----------------------|------------------|----------|--|
| | | Date of remittance | Check | EFT | 🗆 FILIN | G FEES | |
| Cable ID # | | | | | Amount | Initials | |
| Examined by | Reviewed by | Date examination completed | Allocation n | umber | | | |
| Space A Accounting | | (enter four digit year and | /1 (for Jan-Jun peric | od) or /2 (for Jul-De | c period) No spa | ces) | |
| Period | □ Letter sent | C |] Information receive | d | | | |
| | | C |] Phone call/Date/Co | ntact | | | |
| Space B Owner | | | | | | | |
| | □ Letter sent | C |] Information receive | d | | | |
| | | E | | | | | |
| Space D Area Served | | | | | | | |
| | □ Letter sent | Ľ |] Information receive | d | | | |
| | | E |] Phone call/Date/Co | ntact | | | |
| Space E Secondary Transission | | | | | | | |
| Service Subscribers: | □ Letter sent | C | □ Information received | | | | |
| and Rates | | C |] Phone call/Date/Co | ntact | | | |
| Space G Primary Transmitters: | | | | | | | |
| Television | □ Letter sent | [|] Information receive | ed | | | |
| | | [| □ Phone call/Date/Co | ontact | | | |
| Space H Primary Transmitters: | | | | | | | |
| Radio | □ Accepted | [| ☐ Phone call/Date/Co | ontact | | | |
| | | | | | | | |

| Space I |
|------------|
| Substitute |
| 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 | |
| □ 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 | |
| | Phone call/Date/Contact | |