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 COPYRIGH	email to			
DATE RECEIVED	DATE RECEIVED AMOUNT			
8-29-23	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> 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))
Accounting Period		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 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)
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	<u> </u>	INDIANA WOMENS PRISON
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1t SYSTEM ID						
Name	CEQUEL COMMUNICATIONS LLC	063670						
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora	mmunity" is the same as a "community unit" as defined in FCC rules:						
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filin	you list will serve as a form of system identification hereafter known						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.							
First	CITY OR TOWN INDIANAPOLIS	STATE IN						
Community	(INDIANA WOMENS PRISON)							
-								
Add Rows as Necessary								

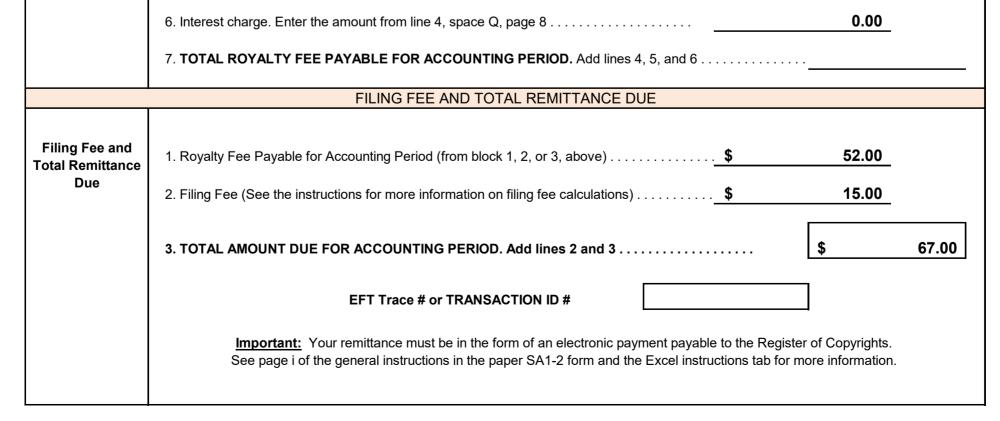
	1								1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS		
	CEQUEL COMMUNICAT	IONS LLC							06367	
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES					
E	In General: The information in s									
0	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period						iose existi	ng on the		
Service: Sub-							le system,	broken		
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 unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate									
	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	e form li	ists the catego		•				
	systems most commonly provide									
	that applies to your system. Note			-		-				
	categories, that person or entity subscriber who pays extra for ca					• • •	•			
	first set" and would be counted of									
	Block 2: If your cable system I					service that are	different fr	om those		
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	right-h	and block. A t	vo- or thre	e-word description	on of the s	ervice is		
		OCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE	
	Residential:	SUBSCRIBE	кə	RAIE	CAT	EGORT OF SEP	VICE	SUBSCRIBERS	KAI	
	Service to first set		0	_						
	Service to additional set(s)		Ŭ.							
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		21	42.41						
	Converter		_ ·							
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	-			-					
F	In General: Space F calls for rat	· ·	,		•					
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	arged on a varia	ble per-pr	ogram basis,		
Secondary	enter only the letters "PP" in the		a aabl		ab af the a	annliachta ann ia	oo liotod			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not		
Ratoo	listed in block 1 and for which a									
	brief (two, or three word) descrip	otion and includ	e the ra							
	blief (two- of timee-word) descrip	brief (two- or three-word) description and include the rate for each.								
		BLOC	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEC			RATE	CATEG		RATE	
	CATEGORY OF SERVICE Continuing Services: Pay cable	RATE	CATEC Installa • Mo	GORY OF SER ation: Non-res tel, hotel		RATE	CATEG		RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEO Installa • Mo • Coi	GORY OF SER ation: Non-res tel, hotel mmercial		RATE	CATEGO		RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEO Installa • Mo • Col • Pay	GORY OF SER ation: Non-res tel, hotel mmercial y cable	idential	RATE	CATEGO		RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEC Installa • Mo • Col • Pay • Pay	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	idential	RATE	CATEGO		RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEC Installa • Mo • Col • Pay • Pay	GORY OF SER ation: Non-res tel, hotel mmercial y cable	idential	RATE	CATEGO		RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEC Installa • Mo • Col • Pay • Pay • Fire	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	idential	RATE	CATEGO		RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	idential	RATE	CATEGO		RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur • Bur	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	idential	RATE	CATEGO		RATE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	RATE 	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other s • Ree	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential	RATE	CATEGO		RATE	
	CATEGORY OF SERVICE 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)	RATE 	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur • Bur • Bur • Bur • Bur • Bur	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	idential	RATE	CATEGO			

				OVOTEM
ame				SYSTEM II 06367
	CEQUEL COMMUNIC			
G mary mitters: ovision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.610 substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati 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 each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	I also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruc- torogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	WFYI-1	20	E	INDIANAPOLIS, IN
	WISH-1	8	Ν	INDIANAPOLIS, IN
ecessary	WISH-1 WNDY-1	23	N I	INDIANAPOLIS, IN INDIANAPOLIS, IN
cessary			N I N	
cessary	WNDY-1	23	I	INDIANAPOLIS, IN
essary	WNDY-1 WRTV-1	23 6	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN
essary	WNDY-1 WRTV-1 WTHR-1	23 6 13	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
cessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
s Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
s Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
s Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	l N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN

LEGAL NAME O									SYSTEM I 0636
	t every radio s	station ca) arried on a separate and disc enerally receivable by your ca						н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing	y the sys be rece it the Co sign of the statio ion's sig g a chec	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process k mark in the "S/D" column. ion (the community to which	at t e sy this	he system's he stem's FM ant s point, see pa d by the cable	eadend, and (enna, during g ge (v) of the g system as a s	2) it car certain s general i separate	be expected, stated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which th			•			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				Ιľ					
				<u> </u>					

Accounting Perio	od: 2023/1					FOR	M SA1-2E. PAGE 5.
Nomo	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C				063670
	SUBSTITUTE CARRIAGE						
•	In General: In space I, identi substitute basis during the a	•					
Substitute	explanation of the programm	• •		•	-		
Carriage:	1. SPECIAL STATEMENT				0		
Special	 During the accounting period 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television program	l
Statement and Program Log	broadcast by a distant stat	tion?	-	•		YES	× NO
Program Log	Note: If your answer is "No,		reat of this nea	o blonk. If your onewer is '			
	-	leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete the program	п
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning is	
	clear. If you need more spa					-	
	Column 1: Give the title period, was broadcast by a	•		sion program ("substitute p	. ,		
	under certain FCC rules, reg						
	Do not use general categor	es like "mo					
	"NBA Basketball: 76ers vs.		lagat live antar	"Vaa " Othanuiga antar "N	lo."		
				[.] "Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		
	the case of Mexican or Can						41-
	first. Example: for May 7 give		when your syst	em carried the substitute p	program. Use	numerals, with the mor	ITN
			substitute prog	gram was carried by your o	cable system.	List the times accurate	ly
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>require</i>	d
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
			+				
						_	
						_	

Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063670
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, see	5,220.00
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 t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	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	7,600)	
	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	1,319.00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,313.00	



Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE					SYSTEM ID# 063670
M Channels	to its subscribers, and 1. Enter the total numb system carried televi 2. Enter the total numb on which the cable s	(2) the cable system's ber of channels on whic ision broadcast stations ber of activated channe ystem carried televisior	s	innels during the a	accounting period.	7
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accou	HER INFORMATION IS NEED Int.)	DED (Identify an in	dividual	
for Further Information	Name RO	DNEY HASKINS			Telephone	(903) 579-3152
	(Num TYI	27 S SE LOOP 323 aber, street, rural route, apart LER, TX 75701 town, state, zip)				
	Email	RODNEY.HAS	KINS@ALTICEUSA.COM		Fax (optional)	
O Certification	 I, the undersigned, her (Owner other (Agent of ownin line 1 of the line 1 o	reby certify that (Check o er than corporation or p vner other than corpora of space B and that the c partner) I am an officer (i of space B. tatement of account and correct to the best of my	nust be certified and signed in ne, <i>but only one</i> , of the boxes.) partnership) I am the owner of t ation or partnership) I am the o owner is not a corporation or par if a corporation) or a partner (if hereby declare under penalty or knowledge, information, and be	the cable system as duly authorized age rtnership; or a partnership) of th f law that all statem	s identified in line 1 of space E ent of the owner of the cable sy e legal entity identified as owr nents of fact contained herein	; or /stem as identified
		Typed or printed Title: (Title of d	X /s/ Alan Danne Enter an electronic signature o Enter signature using an "/s/ si A name: ALAN DANNE SVP, PROGRAMMING	n the line above to gnature" (e.g., /s/ J ENBAUM	-	
		Date:				

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. PAG
	SYSTEN
QUEL COMMUNICATIONS LLC	0630
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."	P Special Statemer Concerning Gros
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 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
	-
	-
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter 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	-
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 \$ - (interest charge)	-
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	-
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 \$ - (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.	-
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	-
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 \$ - (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.	-
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	-
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	-
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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	Cable Worksheet	Total amount of remittance	Number	r of SAs rec'd	I	nitials
		Date of remittance	Check	EFT	🗌 FILI	NG FEES
Cable ID #					Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation nu	umber		
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period	d) or /2 (for Jul-De	c period) No spa	ces)
Period	Letter sent	[Information receive	ed		
		[Phone call/Date/Co	ontact		
Space B Owner						
	Letter sent	[Information receive	ed		
	Accepted	[Phone call/Date/Co	ontact		
Space D Area Served						
	Letter sent	[Information receive	ed		
	Accepted	[Phone call/Date/Co	ontact		
Space E Secondary Transission						
Service Subscribers:	Letter sent	[Information receive	ed		
and Rates	Accepted	[Phone call/Date/Co	ontact		
Space G Primary Transmitters:						
Television	Letter sent	l	Information receive	ed		
	Accepted		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	
Accepted	Phone call/Date/Contact	