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	Return completed workbook by email to		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instructions are located	2/29/24	\$	For additional information, contact the U.S. Copyright Office Licensing Division at	
in the first tab of this workbook.		ALLOCATION NUMBER	(202) 707-8150.	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	VYY//Period))		

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))		
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31		
		20232 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 corp of the subsidiary, not that of the parent corporation.	porate title	
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 s single statement of account and royalty fee payment covering the entire accounting period.	ubmit a	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.		062661
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		
		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)		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the es already appear in space B. In line 2, give the mailing address of the system, if different from the address		
System	4	IDENTIFICATION OF CABLE SYSTEM:		
	1	SHAWNEE CORRECTIONAL FACILITY		
		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		SYSTEM ID# 062661
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "co	mmunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill	you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	VIENNA (SHAWNEE CORR)	IL
d Rows as Necessary		

	T							FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS			
	CEQUEL COMMUNICA	TIONS LLC							06266		
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
Cocondom	system, that is, the retransmissi					,					
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	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 of					•	,	ge and the			
	unit in which it is generally billed	-	-	•							
	category, but do not include disc										
	Block 1: In the left-hand block systems most commonly provide	•		-		•					
	that applies to your system. Not										
				-		-					
	categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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 a						,.				
	sufficient.				T		BLOCK				
	BLO	BLOCK 1									
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		0	-							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		129	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC				e						
_	In General: Space F calls for ra	· · · · · ·				all your cable sys	tem's serv	rices that were			
F	not covered in space E, that is, t					,	,				
0	service for a single fee. There a		,		0		0()				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		acaany				anie hei hi	egiani bacio,			
ransmissions:	Block 1: Give the standard ra	• •				••					
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	• •					
	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.										
	brief (two- or three-word) description										
	brief (two- or three-word) descri	·									
		BLO			VICE	RATE	CATEGO	BLOCK 2	RATI		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CATEG	ORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATI		
	CATEGORY OF SERVICE	BLO	CATEO Installa	ORY OF SER		RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services:	BLO	CATEG Installa • Mot	ORY OF SER tion: Non-res		RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEG Installa • Mot • Cor	ORY OF SER tion: Non-res		RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEG Installa • Mot • Cor • Pay	ORY OF SER tion: Non-res el, hotel nmercial	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEGO		RATI		
	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)	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEGO		RAT		

counting Period:	2023/2			FORM SA1-2E. PAGE 3	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID	
Name	CEQUEL COMMUNIC	ATIONS LLC		062661	
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1 : List each station multicast stream associated "WETA-2" as the same on the Column 2 : Give the channel of license. For example, WM Column 3 : Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4 : Give the location	also in space I, if the station was carrie on concerning substitute basis stations of s call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-tin the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t is station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. it the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KBSI-1	23		CAPE GIRARDEAU, MO	
	KFVS-1	12	N	CAPE GIRARDEAU, MO	
	WDKA-1	49		PADUCAH, KY	
dd Rows as Necessary	WPSD-1	6	N	PADUCAH, KY	
	WSIL-1	3	N	HARRISBURG, IL	
	WOIL-I	3	N		

			LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC								
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н			
eceivable if (1) on the basis of For detailed info paper SA1-2 fo	it is carried by monitoring, to prmation abou rm.	y the sys be receint t the Co	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried.	t the system's he system's FM ant	eadend, and (2 enna, during c	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio			
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing live the station	the static ion's sig g a chec n's locati	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION				

	od: 2023/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062661
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion that you	r cable svst	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 	-			sis anv nonr	network telev	ision produ	am
Statement and				n oany, on a oabolitato ba	olo, any nom			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			ate line. Use abbreviations	s wherever no	ossible if the	eir meaning	n is
	clear. If you need more spa							<i>j</i> 10
				/ision program ("substitute	e program") tł	nat, during tl	ne account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				he community to which the			e FCC or,	in
	the case of Mexican or Car							
		•	when your sys	stem carried the substitute	e program. Us	se numerals	, with the m	nonth
	first. Example: for May 7 giv		e substitute pr	ogram was carried by you	r cable sveter	m liet the ti	mes accur	atoly
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the lett	er "R" if the	listed progran	n was substituted for prog	ramming that	your systen	n was <i>requ</i>	ired
	to delete under FCC rules a							ogram
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulat	tions in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	SI	UBSTITUT	E PROGRAM			N SUBSTIT AGE OCCL		7. REASON FOR
	SI 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCL	JRRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	

Accounting Period:	2023/2	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	CEQUEL COMMUNICATIONS LLC	0626
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 a 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.	ission 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. 	263,800
	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 th accounting period is \$52.00.	is 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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	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	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 \$527,6	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	4 040 00
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 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	

Accounting Period:	2023/2							FORM SA1-2E. PAGE
Name		OWNER OF CABLE SYSTEM: MUNICATIONS LLC						SYSTEM I 0626
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's number of channels on whic television broadcast stations number of activated channe able system carried televisior ast services	total numl	ber of activated channe le st stations	els during the a	Iccounting period		5 81
N Individual to Be Contacted		BE CONTACTED IF FURTI		PRMATION IS NEEDE	D (Identify an ii	ndividual		
for Further Information	Name	RODNEY HASKINS					Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		fe number)				
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM		Fax (optional)		
O Certification	I, the undersigned (Owned (Agent in li X (Office in li I have examined	(This statement of account m ed, hereby certify that (Check r other than corporation or p tof owner other than corpor ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. d the statement of account and e, and correct to the best of m on 1001(1986)]	one, <i>but or</i> partnersh ration or p owner is n (if a corpo d hereby d	<i>nly one</i> , of the boxes.) ip) I am the owner of the partnership) I am the du ot a corporation or partrent ration) or a partner (if a eclare under penalty of	e cable system uly authorized a hership; or partnership) of law that all stat	as identified in lin gent of the owner the legal entity id ements of fact co	e 1 of space of the cable entified as ou	system as identified vner of the cable system
		Typed or printe	Enter sig	/s/ Alan Dannen electronic signature on t nature using an "/s/ signa	he line above to ature" (e.g., /s/		ient.	
		Title:	SVP, I	PROGRAMMING on held in corporation or part				
		Date:				2/27/2024		

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.

counting Period: 2023/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	06266 ⁻
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 Statement Concerning Gross Receipts Exclusion
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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