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 COPYRIG	Return completed workbook by email to					
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>				
	uctions are located of this workbook.	2/29/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.				
A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20232 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.	063349
		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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		JAMES CRABTREE CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF GADLE STSTEM.	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
			I
.	• • •		

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	SYSTEM ID# 063349								
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.									
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the								
	CITY OR TOWN	STATE								
First Community	HELENA (JAMES CRABTREE CORR)	OK								
Add Rows as Necessary										

								FORM SA1				
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID 06334			
	CEQUEL COMMUNICATIONS LLC											
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES							
E	In General: The information in s	•		-		•						
. .		ystem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary Transmission	last day of the accounting period	• • •			-		nose exis	ting on the				
Service: Sub-	Number of Subscribers: Bot	•				,	ole system	n, broken				
scribers and	down by categories of secondar											
Rates	each category by counting the n		0	•••				s charged				
	separately for the particular serve					•	,	as and the				
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	· · ·			ny standa		5 Within a					
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not			-		-						
	categories, that person or entity						•					
	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, t											
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the	service is				
	sufficient.	OCK 1					BLOCK	< 2				
		NO. OF		DATE	0.01			NO. OF				
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	VICE	SUBSCRIBERS	RATE			
	Service to first set		0									
	Service to additional set(s)		v	-								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		11	42.41								
	Converter			42.41								
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	S							
F	In General: Space F calls for ra		,		•							
•	not covered in space E, that is, t											
Services	service for a single fee. There a furnished at cost or (2) services	•			•		0 (,				
Other Than												
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.											
Fransmissions:	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											
	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.											
	BLOCK 1							BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-resi								
	• Pay cable	-	• Mot	tel, hotel								
	Pay cable—add'l channel	-	• Cor	mmercial								
	Fire protection		• Pay	/ cable								
	•Burglar protection		• Pay	/ cable-add'l ch	annel							
	Installation: Residential		• Fire	e protection								
	• First set	-	• Bur	glar protection								
	 Additional set(s) 	-		services:								
	• FM radio (if separate rate)		• Red	connect		-						
	/		. Die									
	Converter		• DIS	connect								
	• Converter			connect tlet relocation		-						
	• Converter		• Out		ess							

ccounting Period:	2023/2			FORM SA1-2E. PAGE :						
Name	LEGAL NAME OF OWNER O			SYSTEM ID 06334						
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio 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 enter	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. lel number the FCC assigned to the tele RC is channel 4 in Washington, D.C. n case whether the station is a network sering the letter "N" (for network), "N-M" ((1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a si- ne Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- orogram services such as HBO, ES air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde	-time basis under rams [sections rations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream or the air in its community a noncommercial pendent), "I-M"						
	,	, "E" (for noncommercial educational), c erms, see page (iv) of the general instru		tional 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.									
				4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER								
	KAUT-1	43	 	OKLAHOMA CITY, OK						
	KETA-1	13	E	OKLAHOMA CITY, OK						
dd Rows as Necessary	KFOR-1	4	Ν	OKLAHMA CITY, OK						
	KOCB-1	34	I	OKLAHOMA CITY, OK						
	KOCO-1	5	Ν	OKLAHOMA CITY, OK						
	KOKH-1	25	 	OKLAHOMA CITY, OK						
	KOPX-1	62	I	OKLAHOMA CITY, OK						
	KSBI-1	52	Ι	OKLAHOMA CITY, OK						
	KTUZ-1	30	I	SHAWNEE, OK						
	KUOK-1	35	l	WOODWARD, OK						
	KWTV-1	9	Ν	OKLAHOMA CITY, OK						

	OWNER OF OMMUNICA							SYSTEM II 0633
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's system's FM his point, see	s headend, and (antenna, during page (v) of the g	(2) it can certain s general i	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	the community with which the			CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIG	N AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2023/2						FORM	1 SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS L	LC					063349			
	SUBSTITUTE CARRIAGI	E: SPECIA			G						
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a										
-	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute	explanation of the programm										
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE							
Special	 During the accounting per 	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tel	evision progi	am			
Statement and Program Log	broadcast by a distant sta						YES	× NO			
r rogram Log	Note: If your answer is "No		roct of this pa	ao blank. If your answor is	"Voc " vou r	ust comp					
	log in block 2.	, leave life	iest of this pa	ge blank. If your answer is	s res, your	nusi comp	iete trie prog	Ialli			
	2. LOG OF SUBSTITUTE		MS								
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if t	heir meaning	is			
	clear. If you need more spa										
				vision program ("substitute							
	period, was broadcast by a under certain FCC rules, re										
	Do not use general categor	ies like "mo	ovies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or			
	"NBA Basketball: 76ers vs.	Bulls."				• •	,				
				er "Yes." Otherwise enter '							
				asting the substitute progr he community to which th		concod by	the ECC or	n			
	the case of Mexican or Car							11			
				stem carried the substitute			ls, with the m	onth			
	first. Example: for May 7 give					1.1.1.11	r.	() h :			
	to the nearest five minutes.			ogram was carried by you				ately			
	stated as "6:00–6:30 p.m."		a program can	ied by a system nom 0.01	. 10 p.m. to 0	.20.00 p.m					
	Column 7: Enter the lett			n was substituted for prog							
	to delete under FCC rules a							ogram			
	was substituted for program effect on October 19, 1976.	• •	your system w	as permitted to delete und	ler FCC rules	and regul	ations in				
						N SUBST					
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
							-				
							_				
							_				
							_				
							_				
							_				
							_				
	1										
1							_				
							_ _				

Accounting Period:	2023/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063349
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	on 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 \$263,4 • 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	800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six accounting period is \$52.00.	
	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 \$527,600)	
	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	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,3	19.00
	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 #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	

Accounting Period:	2023/2							FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC						SYSTEM ID# 063349
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 I number of channels on whic television broadcast stations I number of activated channe able system carried televisior wast services	total numb th the cabl the cabl s ls broadcas	ber of activated channels	s during the a	accounting period		11 15
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		DRMATION IS NEEDED	(Identify an ii	ndividual		
for Further Information	Name	RODNEY HASKINS					Telephone	(903) 579-3152
	Address	3027 S SE LOOP 32: (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		te number)				
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM		Fax (optional)		
O Certification	I, the undersigned (Owne (Agentian I X (Offician I I) I have examined	(This statement of account m ed, hereby certify that (Check ar other than corporation or p t of owner other than corpor line 1 of space B and that the er or partner) I am an officer line 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> partnershi ation or p powner is n (if a corpor	nly one, of the boxes.) ip) I am the owner of the partnership) I am the duly ot a corporation or partner ration) or a partner (if a p eclare under penalty of Ia	cable system / authorized a rship; or artnership) of w that all stat	as identified in lin igent of the owner the legal entity ide	e 1 of space of the cable entified as ov	system as identified wner of the cable system
		Typed or printe	Enter sigi	/s/ Alan Dannenba electronic signature on the nature using an "/s/ signat	e line above to ure" (e.g., /s/		ient.	
		Title: (Title of c		PROGRAMMING on held in corporation or partn	ership)			
		Date:				2/27/2024	Ļ	

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.

COURT O6934 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Comparison of the state of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Comparison of the state of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following section and amounts collected from 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." Image: Comparison on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Image: Comparison on when to exclude the carrier(s) below. Image: Comparison on section 119." Image: Comparison on section 118 comparison on section 119." Image: Comparison on section 119." Image: Comparison on when to exclude the carrier(s) below. Image: Comparison on section 119." Image: Comparison on secondary transmissions particle on section 119." Ima	ounting Period: 2023/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite home Viewer Act of 1989 amended Tile 17, section 111(0)(1)(A), of the Copyright Act by adding the following antence: The Satellite home Viewer Act of 1989 amended Tile 17, section 111(0)(1)(A), of the Copyright Act by adding the following antence: The differentiation 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 anomat collected from subscribers receiving secondary transmissions made by satellite carriers to satellite data owners? ✓ NO ✓ YES. Enter the total here and list the satellite carrier(s) below. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 2 Multiply line 1 by the interest rate* and enter the sum here × drays Line 3 Multiply line 2 by the number of days late and enter the sum here * to over in a splanation of files, block 1, line 2, or block 3, line 6, * Concernal of Concernation of the case is file and enter the sum here * to over it (matter also below, file 2, line 8, or block 3, line 6, * Concernation or underpayment of 2, line 8, or block 3, line 6, * This is the decimal equivalent of 1,265, 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 is the base of the satellite carrier (a system end or already submitted to the copyright office, please list below the owner, address, first community served is the lower of a system of a count already submitted to the copyright Office, please list below the owner, address, first community served is to block 3, line 6, Concernation of the original filing.	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Vewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- wing sentence. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ⁴ For more information on when to exclude these amounts, see the note on page (vii) of the general instructions cocated in the pager SA1-2 form. The state the total here and list the satellite carrier(s) below. There is a subscriber or cyclic pagers below in the satellite carrier(s) below. There is a subscriber or cyclic pagers below in the satellite carrier(s) below. There is a subscriber or cyclic pagers below is a subscriber or cyclic pagers below in the satellite carrier(s) below. There is a subscriber or cyclic pagers below is a result of a late payment or underpayment. For an explanation of interest rate' and enter the sum here Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate' and enter the sum here x diags Line 3 Multiply line 2 by the number of days late and enter the sum here * x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here * x 0.00274 Line 4 Multiply line 2 by the number of subscriber approximation of interest charge. * To view the interest rate chard click on www.copyright.gov/licensing/interest-rate.gdf. For further assistance please constant the Logans (b, block 1, line 2, or block 2, line 8, or block 3, line 6,, \$ (interest charge) * To view the interest rate chard click on www.copyright.gov/licensing/interest-rate.gdf. For further assistance please constant the Logans (b, block 1, line 2, or block 2, line 8, or block 3, line 6,, \$ (interest charge) * To view the interest rate chard click on www.copyright.gov/licensing/interest-rate.gdf. For further assistance please constant the Logans (b, block 1, line 2, or block 2, line 8, or block 3, line	QUEL COMMUNICATIONS LLC	06334
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 carriers(s) below. \$ No Arrie	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		
WES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maling Address Name Maling Address Name Multipy Address Name INTEREST ASSESSMENT Name 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. Image Address Line 1 Enter the amount of late payment or underpayment. x		
Name Name Maling Address Maling 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 Assessment Line 1 Enter the amount of late payment or underpayment x	X NO	
Mailing Address Mailing Address Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Q For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Q Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of	I	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
x	x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please - * To view the interest rate chart click on www.copyright.gov/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		
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	Line 3 Multiply line 2 by the number of days late and enter the sum here	
 * 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. 	in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
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.	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
First community served		
Accounting period		

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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.