This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
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 COPYRIG	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook.	2-28-25	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY)	YY/(Period))	

A	ACC	OUNTING PERIOD COVERED B	BY THIS STATEMENT: (YY)	(Y/(Period))	
		2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		202.1/2	l		
			1		
		20242	Barcode Data Filing Period (optional -	see instructions)	
Accounting					
Period					
		Instructions:			
В		Give the full legal name of the owner of the subsidiary, not that of the parent corporati		ry of another corporation, give the full corporate title of the	2
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 a statement of account and royalty fee paym	.	e last day of the accounting period should submit a single od.	
		Check here if this is the system's first filing.	. If not, enter the system's ID number as	signed by the Licensing Division.	063354
		-			
		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 O	CABLE SYSTEM		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu	imbori		
		TYLER, TX 75701	iniber)		
		(City, town, state, zip)			
С				ify the business and operation of the system unle system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		SOUTHEASTERN CORREC	TIONAL FACILITY		
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		
		(City, town, state, zip code)			

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM CEQUEL COMMUNICATIONS LLC 063 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 "ficommunity." Please use it as the first community on all future filings.	Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.						
CEQUEL COMMUNICATIONS LLC 063 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: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, dist 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 "fi 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 identicity. First CITY OR TOWN STATE LANCASTER OH (SOUTHEASTERN CORR) OH	Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
D separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, distuinic corporated 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 identicity. First CITY OR TOWN STATE Community (SOUTHEASTERN CORR) OH	Name		063354						
First Community (SOUTHEASTERN CORR)	Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
First Community (SOUTHEASTERN CORR)		CITY OR TOWN	STATE						
	First								
Add Rows as Necessary Image: Control of the second sec	Community	(SOUTHEASTERN CORR)							
Add Rows as Necessary Image: Control of the second sec									
	Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIB	ERS AND RA	TES							
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
. .	system, that is, the retransmission											
Secondary	about other services (including p	· · ·					nose existir	ng on the				
Transmission 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 charged for each category of service. Include both the amount of the charge and the											
	unit in which it is generally billed.	-	-	•			-					
	3 ,	· · ·	,		iy stanuar		within a pa					
	category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable											
	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 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	nd rates, in the	right-ha	nd block. A tw	o- or three	e-word description	on of the se	ervice is				
	sufficient.	OCK 1					BLOCK	(2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE			
	Residential:		•									
	Service to first set		0	-								
	• Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel Commercial		E0	42.44								
			58	42.41								
	Converter Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES	;							
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		,		0		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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
Rates	listed in block 1 and for which a s				-							
	brief (two- or three-word) descrip											
_		BL OC	K 1			BLOCK 2						
		BLOCK 1										
	CATEGORY OF SERVICE		CATEG	DRY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATE			
	CATEGORY OF SERVICE Continuing Services:	RATE (DRY OF SER		RATE	CATEG		ERATE			
		RATE (nstallat			RATE	CATEG		E RATE			
	Continuing Services:	RATE (nstallat • Mote	ion: Non-res		RATE	CATEGO		E RATE			
	Continuing Services: • Pay cable	RATE (nstallat • Mote	ion: Non-res I, hotel mercial		RATE	CATEG		ERATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE (• Mote • Com • Pay	ion: Non-res I, hotel mercial	idential	RATE	CATEGO		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE (nstallat ● Mote ● Com ● Pay ● Pay	ion: Non-res I, hotel mercial cable	idential	RATE	CATEG		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE (• Mote • Com • Pay • Pay • Fire	ion: Non-res II, hotel mercial cable cable-add'l ch	idential nannel	RATE	CATEG		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE (nstallat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-res II, hotel mercial cable cable-add'l ch protection	idential nannel	RATE	CATEGO					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE (nstallat • Mote • Com • Pay • Pay • Fire • Burg Other se	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection	idential nannel	RATE	CATEGO					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE (nstallat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection ervices:	idential nannel	RATE	CATEGO					
	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 (nstallat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ion: Non-res il, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	idential nannel	RATE	CATEGO		ERATI			

ting Period: 2	2024/2			FORM SA1-2E. PAG								
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM I 0633								
	CEQUEL COMMUNICATIONS LLC											
	PRIMARY TRANSMITTERS: TELEVISION											
G	carried by your cable syste FCC rules and regulations	a General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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										
Primary nsmitters: Plevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations:										
	• Do <i>not</i> list the station her station was carried <i>only</i> or	e in space G—but do list it in space I (th										
	basis. For further information Column 1: List each station	n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each								
	"WETA-2" as the same on Column 2: Give the chann	c c										
	Column 3: Indicate in each	n case whether the station is a network s	•									
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list dian stations, if any, give the name of th	r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	tional multicast). n is licensed by the								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	WBNS-4	10	Ν	COLUMBUS, OH								
	WCMH-1	4	N	COLUMBUS, OH								
ws as Necessary	WOSU-1	34	Е	COLUMBUS, OH								
	WSYX-1	6	N	COLUMBUS, OH								
	WTTE-1	28	I	COLUMBUS, OH								
	WWHO-1	53	I	CHILLICOTHE, OH								
				·····								

EGAL NAME OF									SYSTEM 063
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					ied on an	н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s byright Office regulations on th each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	it t sy: his sec	he system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2		T			2,0		
				-					
						·			
				-					
				- I					

Accounting Perio	d: 2024/2						FORM	A SA1-2E. PAGE 5		
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C					063354		
	SUBSTITUTE CARRIAGE	: SPECIAI		T 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	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special	 During the accounting peri 	od, did youi	r cable system	carry, on a substitute basi	s, any nonne	twork television	program	I		
Statement and Program Log	broadcast by a distant stat	ting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS									
	In General: List each subst			e line. Use abbreviations v	wherever pos	sible, if their me	eaning is			
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			-			
	Column 1: Give the title operiod, was broadcast by a			sion program ("substitute p				ion		
	under certain FCC rules, req									
	Do not use general categori									
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga antar "N	lo."					
				"Yes." Otherwise enter "N sting the substitute progra						
				e community to which the		ensed by the FC	C or, in			
	the case of Mexican or Can									
	first. Example: for May 7 giv		when your syst	em carried the substitute p	program. Use	e numerals, with	the mon	th		
			substitute prog	gram was carried by your o	able system	. List the times a	accurate	v		
	to the nearest five minutes.							•		
	stated as "6:00–6:30 p.m."	vr"D" if the	liated program	was substituted for progra	mming that y	our ovetem wee	roquiror	4		
	to delete under FCC rules a									
	was substituted for program									
	effect on October 19, 1976.									
					WHE	EN SUBSTITUT	ſF			
	S	UBSTITUT	E PROGRAM			IAGE OCCURF		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	s TO	DELETION		
						_				
						_				
						-				
						_				
						_				
						_				
						_				
						+				
						<u>-</u>				
						-				

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 063354
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 mount, see	1,754.66 ss receipts)
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 \$2 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 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 \$137,1	00)	
	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)		<u> </u>
	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) \$	1,319.00	
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 063354
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried television broadcast statio ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ied television broadcast stations	6
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual it about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telepho	ne (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email	RODNEY.HASKINS@ALTICEUSA.COM Fax (optional	
	CERTIFICATION	I (This statement of account must be certified and signed in accordance with Copyright Office regulation	is)
O Certification		ned, 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	Pe B: or
		nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cabl in line 1 of space B and that the owner is not a corporation or partnership; or	
	X (Offi	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as a in line 1 of space B.	owner of the cable system
	are true, comp	ed the statement of account and hereby declare under penalty of law that all statements of fact contained here lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	θİn
		X /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: 2/28/2025	

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.

ACTINENT ACTIONS LLC D6335 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Communication of the Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Communication of the statellite and mounts of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* Image: Communication on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Image: Communication on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Image: Communication on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Image: Communication on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Image: Communication on when to exclude the satellite carrier(s) below. Image: Communication on when to exclude the satellite carrier(s) below. Image: Communication on when to exclude any amounts of gross receipts for secondary transmissions of primary broadcast transmitters. Image: Communication on when the satellite carrier(s) below. Image: Communication on when the satellite carrier(s) below. Image: Communication of the paper SA1-2 form. Image: Communication of the paper SA1-2 form. Image: Communication of the paper SA1-2 form. Image: Communication of the paper SA1-2 form. </th <th>unting Period: 2024/2</th> <th>FORM SA1-2E. PAGE 8</th>	unting Period: 2024/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing meentons: The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing meentons: The service of providing secondary transmissions of primary broadcast transmitters, the system that not include sub- scribers and mount coloridate from subcarber receiving secondary transmissions to cated in the paper SA1-2 form. The meen information on when to exclude these amounts, see the note on page (vii) of the general instructions to cated in the paper SA1-2 form. The meen information on when to exclude these amounts, see the note on page (vii) of the general instructions to cated in the paper SA1-2 form. The set for the total here and list the satellite carrier(s) below. The explanation of interest assessment, see page (vii) of the general instructions located in the paper SA1-2 form. The analysis of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The analysis of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The analysis of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The analysis of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The analysis of the satellite carrier(s) below. The analysis of the satellite carrier(s) below is a result of a list payment or underpayment. The analysis of the satellite carrier(s) below is the satellite as a result of a list payment or underpayment. The analysis of the satellite carrier(s) below is the satellite as a result of a list payment or underpayment. The analysis of the satellite carrier is the satel	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The stabilite Home Vewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Copyright Act by adding the following settence: P In determining the total number of subscribers and the gross amounts paid to the cable system of the basic scribers and amounts collected from subscribers and the gross amounts paid to the cable system of the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA12 form. P During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. S Norre Norre Maing Addees Norre Maing Addees Norre Maing Addees Norre Line 1 Enter the total here and list the satellite carrier(s) below. S Line 1 Enter the amount of lake payment or underpayment. S For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA12 form. Interest Assessment Line 2 Multiply line 1 by the interest rate* and enter the sum here S S Line 3 Multiply line 2 by the number of days late and enter the sum here S S S 1 To view th	UEL COMMUNICATIONS LLC	063354
Name Mare Mailing Address Mare Mailing Address Mare Mailing Address Mare Mailing Address Mailing Address 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 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 - - Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - - x - - x - - x - - x - - x - - x - - x - - 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	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? X NO 	- Special Statement
Mailing Address Mailing Address Image Address Image Address 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 assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image Address Image Address Line 1 Enter the amount of late payment or underpayment. x	YES. Enter the total here and list the satellite carrier(s) below	
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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 - - 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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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.

Cable Workshee		Total amount of remittance	Number of SAs rec'd	Initials				
		Date of remittance	Check EFT	□ FILING FEES				
Cable ID #				Amount Initials				
Examined by	Reviewed by	Date examination completed	Allocation number					
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (for Jul-I	Dec period) No spaces)				
Period	□ Letter sent		Information received					
			Phone call/Date/Contact					
Space B Owner								
	Letter sent		Information received					
Space D Area Served								
	Letter sent		Information received					
	□ Accepted		Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	Letter sent		Information received					
and Rates			Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	□ Letter sent	C	□ Information received					
		E] Phone call/Date/Contact					
Space H Primary Transmitters:								
Radio	Accepted	C] Phone call/Date/Contact					

		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	