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 COPYRIG	HT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook	DATE RECEIVED	AMOUNT \$ ALLOCATION NUMBER	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
· · · · · · · · · · · · · · · · · · ·			

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20172 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 corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: IBERIA PARISH, LA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community	031251
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
First	CITY OR TOWN IBERIA PARISH (PORTIONS OF)	STATE LA
Community	ST. MARTIN PARISH	LA
	VERMILION PARISH (PORTIONS OF)	LA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03125
	SECONDARY TRANSMISSION		Decol		TES				
E	In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose exist	ing on the	
Transmission	last day of the accounting period Number of Subscribers: Both						olo ovotom	brokon	
Service: Sub- scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular serv	ice at the rate in	ndicated	l-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standa	rd rate variation:	s within a p	particular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servio	e 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 o					i in the count un	der "Servi	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a	nd rates, in the	right-ha	and block. A tw	vo- or thre	e-word descripti	on of the s	service is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		914	29.45					
			914 1,542	28.45					
	Service to additional set(s)		1,542	0					
	• FM radio (if separate rate)								
	Motel, hotel Commercial		11	22.06					
				33.06					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	S				
E	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip				SHEU. LISU	these other serv			
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	17.00	• Mote	el, hotel					
	Pay cable—add'l channel	19.00	• Con	nmercial					
	Fire protection		• Pay	cable					1
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	40.00	• Burg	glar protection					
	 Additional set(s) 	25.00	Other s	ervices:					
	• FM radio (if separate rate)			onnect		40.00			
							L		
	Converter		• Disc	onnect					
	· · · /			connect et relocation		25.00			

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			03125
G rimary smitters: levision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie 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	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KADN	16	1	LAFAYETTE, LA
	KADN-HD	16	I-M	LAFAYETTE, LA
ws as Necessary	KADN-MNT	16	I-M	LAFAYETTE, LA
	КАТС	28	Ν	LAFAYETTE, LA
	KATC KATC-CW	28 28	N I-M	LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW	28	I-M	LAFAYETTE, LA
	KATC-CW KATC-HD	28 28	I-M N-M	LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3	28 28 28	I-M N-M I-M	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD	28 28 28 28 46	I-M N-M I-M N-M	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP	28 28 28 28 46 46	I-M N-M I-M N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD	28 28 28 46 46 10	I-M N-M I-M N-M N N-M	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV	28 28 28 46 46 10 10	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA
	KATC-CW KATC-HD KATC-DT3 KLAF-HD KLAF-LP KLFY-HD KLFY-TV KLPB-TV	28 28 28 46 46 10 10 23	I-M N-M I-M N-M N N-M N	LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA

EGAL NAME O								SYSTEM I 0312
	NOWITTEDO							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of or detailed inf oaper SA1-2 fo) it is carried b monitoring, to ormation abou rm.	y the sys be recein at the Co	I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried.	at the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, tated intervals.	Primary Transmitters Radio
Column 3: li signal, indicate	f the radio stat this by placing	tion's sig g a checl	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			,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
								

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					031251
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	on program	ı
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	5		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	Information	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 en in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			ith the mor	ith
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sho	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the I	isted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCU	IRRED	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. TII FROM –	MES - TO	DELETION
		103 01 100	ONEE OIGH	4. 01/1101/0 200/1101		TROM	10	
							-	
							-	
							-	
							_	
							_	
						_	-	
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							_	
						_	_	
							-	
						_	-	

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC			031251
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of the page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	s secondary trans ow to compute thi	smission servio s amount, see	1,755.69
	COPYRIGHT ROYALTY FEE			
Copyright	 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00			
	Line 1. Royalty fee for accounting period		·	
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but		100)	
	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	\$ 1	191,755.69	
	5. Enter the amount from line 3	\$	72,044.31	
	6. Subtract line 5 from line 4	\$ 1	19,711.38	
	7. Multiply line 6 by .005 (enter figure here)		\$	598.56
	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		\$	598.56
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527	7,600)	
	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			
	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	·	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)	\$	598.56	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	618.56
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form	-		ghts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC	SYSTEM ID# 031251
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	: You must give (1) the number of channels on which the cable system carried television broadcast bers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ied television broadcast stations	13
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	SARAH BOGUE	elephone (903) 579-3121
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email	SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	I, the undersite (Ow (Ag X (Of V)	DN (This statement of account must be certified and signed in accordance with Copyright Office reginance, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 or gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact containe plete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	of space B; or le cable system as identified ad as owner of the cable system
		Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	t.
		Typed or printed name: MICHAEL SCHREIBER	
		Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	
	1		

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2017/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0312
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gen located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?	le system for the basic stem shall not include sub- ursuant to section 119." heral instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late p	avment or undernavment	
		O I
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	n the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in	n the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	n the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
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