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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER 02/28/2018

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20172 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.	060289
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	nless these
C		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MONTEREY, CA MAILING ADDRESS OF CABLE SYSTEM:	
	_		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 suffciency of the filing, a determination that would be made by a court of law.

Name D Area	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community "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,
	"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	munities within unincorporated areas and including single,
Area	Tas the first community. Please use it as the first community on all future filings.	will serve as a form of system identification hereafter known
Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hou identified city.	me parks should be reported in parentheses below the
Serveu		
	CITY OR TOWN	STATE
First Community		CA
Community	CSU-MONTEREY BAY POM	CA CA
dd Rows as Necessary	PRESIDIO	CA
,	SPECIAL MILITARY ACCT	СА

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06028
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for each	i catego	ry of service. I	nclude bo	th the amount o	f the charg		
	unit in which it is generally billed				ny standai	rd rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ios of soc	ondory transmis	cion convia	o that cablo	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a								
	sufficient.				1			()	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		045	05.04					
	Service to first set		215	35.04					
	Service to additional set(s)		551	0					
	• FM radio (if separate rate)								
	Motel, hotel			04.00					
	Commercial		83	31.02					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	6				
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.	-	-		-		- 3 ,	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip				SIIEU. LISI	linese oliner serv		I OI III OI a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-res	idential				
	• Pay cable	17.00	• Mote	el, hotel					
	 Pay cable—add'l channel 	19.00	• Com	mercial					
	Fire protection		• Pay	cable					1
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set	40.00	• Burg	lar protection					
	Additional act(a)	25.00	Other s	ervices:					
	 Additional set(s) 	20.00					ľ		
	• FM radio (if separate rate)	_0.00	• Reco	onnect		40.00			
				onnect onnect		40.00			
	• FM radio (if separate rate)		• Disc			40.00 25.00			

· · ·	· · · · · · · · · · · · · · · · · · ·			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		060289
G Primary ansmitters: relevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier 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-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community 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
	КСВА	13		SALINAS, CA
	KCBA-HD	13	- I-M	SALINAS, CA
lows as Necessary	KICU-TV	36	г-ти 	SALINAS, CA
ows as recessary	KION-CW	32	I-M	
	KION-HD	32		MONTEREY, CA
	KION-HD KION-TV	32 32	N-M	MONTEREY, CA
	KION-TV	32		MONTEREY, CA MONTEREY, CA
	KION-TV KMUV-LP	32 21	N-M N I	MONTEREY, CA MONTEREY, CA MONTEREY, CA
	KION-TV KMUV-LP KQED	32 21 30	N-M N I E	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA
	KION-TV KMUV-LP KQED KQED-HD	32 21 30 30	N-M N I E E-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS	32 21 30 30 30	N-M N I E E-M E-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW	32 21 30 30 30 8	N-M N I E E-M E-M N	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC	32 21 30 30 30 8 8 8	N-M N I E E-M E-M N N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC	32 21 30 30 30 8 8 8 8 8	N-M N I E E-M E-M N N-M N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	32 21 30 30 30 8 8 8 8 8 8 8	N-M N I E E-M E-M N N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC	32 21 30 30 30 8 8 8 8 8	N-M N I E E-M E-M N N-M N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	32 21 30 30 30 8 8 8 8 8 8 8	N-M N I E E-M E-M N N-M N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	32 21 30 30 30 8 8 8 8 8 8 8	N-M N I E E-M E-M N N-M N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	32 21 30 30 30 8 8 8 8 8 8 8	N-M N I E E-M E-M N N-M N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	32 21 30 30 30 8 8 8 8 8 8 8	N-M N I E E-M E-M N N-M N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	32 21 30 30 30 8 8 8 8 8 8 8	N-M N I E E-M E-M N N-M N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	32 21 30 30 30 8 8 8 8 8 8 8	N-M N I E E-M E-M N N-M N-M	MONTEREY, CA MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA

EGAL NAME OF								SYSTEM 1 0602
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
cceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
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						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					060289
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your cat	nle syster	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pap	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	<u> </u>
Program Log	broadcast by a distant sta	tion?					YES	X NO
r rogram Log	Note: If your answer is "No	' leave the	rest of this nac	e blank. If your answer is '			-	
		, leave life	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the	piografi	1
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	aning is	
	clear. If you need more spa					,	5	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	es like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love L	ucv" or	-
	"NBA Basketball: 76ers vs.	Bulls."					· ·) ·	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the EC(C or in	
	the case of Mexican or Can						0 01, 111	
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute p	orogram. Use	numerals, with	the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		i program cam		5 p.m. to 0.2	0.50 p.m. should	ube	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations in	n	
						N SUBSTITUT		
	S		E PROGRAM			AGE OCCURF		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то	511211011
						_		
						_		
								·
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 060289
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 5,027.58
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,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)	1,319.00	
	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 Due	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060289
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	15 347
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Michael Schreiber Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	istem as identified
	Typed or printed name: MICHAEL SCHREIBER	
	(Title of official position held in corporation or partnership) Date: 02/18/2018	

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 telephol 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 fling, a determination that would be made by a court of lav

AUDEL COMMUNICATIONS LLC 0600 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P In determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers exerving 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 SA1-2 form. Special Statemer Concerning Gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Mo YES. Enter the total here and list the satellite carrier(s) below. S Name Maling Address Maring Address Name Maring Address Name Maring Address Maring address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	unting Period: 2017/2		FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite from: Viewer Act of 1980 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following entencies. Special Statemet Service of providing secondary transmission of primary branchastic and a transmission in chande sub- scribers 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 (wil) of the general instructions for more information on when to exclude these amounts, see the note on page (wil) of the general instructions for more information on when to exclude these amounts, see the note on page (wil) of the general instructions for more information on when to exclude these amounts, see the note on page (wil) of the general instructions for more information on when to exclude these amounts, see the note on page (wil) of the general instructions for more information on when to exclude these amounts of gross receipts for secondary transmissions market in the paper SA1-2 form. Name Maing Address Numato complete this worksheet for these royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rates' and enter the sum here. x 0.00274 Line 1 Enter the amount of late payment or underpayment. For unsers and enter there in gases: (interest Assessing) * To view the interest rate' and enter the sum here. x 0.00274 Line 4 Multiply line 1 by the interest rate' and enter the sum here. x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter there in space. I, (page 6) block 1, line 2, or block 2 line 6, or block 3 line 6	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
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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 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 fling, a determination that would be made by a court of law.