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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	2/28/2018	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
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.	3267
		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)	
<u>^</u>	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ess these
С	name	is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	ace B.
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	CASA GRADE TRANSITIONAL HOUSING	
		MAILING ADDRESS OF CABLE SYSTEM:	
	_		
	2	(Number, street, rural route, apartment, or suite number)	
	1	(City, town, state, zip code)	
	1		

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 fling, a determination that would be made by a court of law.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	63267
D Area Served	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
-	CITY OR TOWN LAS VEGAS	STATE NV
First Community	(CASA GRADE TRANS)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
	CEQUEL COMMUNICAT	IONS LLC							6326
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	ATES				
E	In General: The information in s	pace E should o	cover a	Il categories of	secondar				
	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la evetam	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular servi	ice at the rate in	ndicated	d-not the num	nber of set	s receiving serv	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standa	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion service	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 "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.						<b>DI 001</b>		
	BLU	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		20	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN			s				
F	In General: Space F calls for rat				-	ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th								
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		Jouuny					gram basis,	
Transmissions:	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				sned. List	these other serv	lices in the	form of a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res		NAIL	CATEGO	DRT OF SERVICE	NATE
	• Pay cable	_		el, hotel					
	• Pay cable—add'l channel	_		nmercial					
	Fire protection			v cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	_		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
	Converter			let relocation					
	1		JUUT	IELIEIOCALION		-			
				ve to new addr					

	2017/2			FORM SA1-2E. PAGE 3.
ime	LEGAL NAME OF OWNER OF			SYSTEM ID# 63267
	CEQUEL COMMUNIC			03207
G nary mitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> 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 <b>Column 1</b> : List each station multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channe of license. For example, W <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4</b> : 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-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a subst he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLAS-CBS	7	Ν	LAS VEGAS, NV
		T		
	KVVU-Fox	9	I	HENDERSON, NV
ecessary	KVVU-Fox	9	l	HENDERSON, NV
	KLVX-PBS	11	E	LAS VEGAS, NV
lecessary				
cessary	KLVX-PBS	11	E	LAS VEGAS, NV
cessary	KLVX-PBS KTNV-ABC	11 13	E	LAS VEGAS, NV LAS VEGAS, NV
ecessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
ecessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
lecessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
lecessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
Vecessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
ecessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
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	KVCW-CW	29	I	LAS VEGAS, NV
Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
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Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
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	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
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	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
s Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
ıs Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV
as Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	I	LAS VEGAS, NV
	KVCW-CW	29	I	LAS VEGAS, NV

EGAL NAME O								SYSTEM I 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
pecial Instruc- eceivable if (1) n the basis of for detailed infr aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	ctions Conce of it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio state this by placing Sive the station	rning Al y the syst be recein at the Co l sign of the static tion's sig g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a wed 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	Copyright Office in at the system's he system's FM anter this point, see par sed by the cable s ne station is licen	regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/0				0/0		
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 LI	LC					63267
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	<i>sion program</i> , broadcast by	a distant stat	ion, that your	cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	norizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	on program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete f	the prograr	n
	log in block 2.			·	·			
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if their i	meaning is	
	clear. If you need more spa			ision program ("substitute	orogram") tha	t during the :	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information	ı.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			-CC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	buid be	
	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 unde	r FCC rules a	nd regulation	is in	
					П			1
		IIBSTITII	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							_	
							_	
						_	-	
						_	-	
						_	_	
							-	
							-	
						_		
							-	
						_		
							-	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 63267
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 transs (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 servic s amount, see	e 5,100.00
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	1
	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 SY CEQUEL COMMUNICATIONS LLC		SYSTEM ID 63267
<b>M</b> Channels	<ul> <li>to its subscribers, and (2) the cable sy</li> <li>1. Enter the total number of channels system carried television broadcast</li> <li>2. Enter the total number of activated on which the cable system carried te</li> </ul>	stations	7
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF we can contact about this statement o	FURTHER INFORMATION IS NEEDED (Identify an individual to whom of account.)	
for Further Information	Name SARAH BOGU	E	(903) 579-3121
	Address 3015 S SE LOC (Number, street, rural ro TYLER, TX 757 (City, town, state, zip)	oute, apartment, or suite number)	
	Email SARAH	BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (</li> <li>(Owner other than corporat</li> <li>(Agent of owner other than in line 1 of space B and ti</li> <li>X (Officer or partner) I am an in line 1 of space B.</li> <li>I have examined the statement of acco</li> </ul>	count must be certified and signed in accordance with Copyright Office regulations) (Check one, <i>but only one</i> , of the boxes.) tion or partnership) I am the owner of the cable system as identified in line 1 of space B corporation or partnership) I am the duly authorized agent of the owner of the cable sy that the owner is not a corporation or partnership; or officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own pount and hereby declare under penalty of law that all statements of fact contained herein est of my knowledge, information, and belief, and are made in good faith.	ystem as identified
		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)	
	Typed o	or printed name: MICHAEL SCHREIBER	
	Title:	EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	
	Date:	02/18/2018	

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unting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	6326
<ul> <li>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:             "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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Y	
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	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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