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	IT 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>
General instructions are located in the first tab of this workbook	8/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20181 Barcode Data Filing Period (optional - see instructions)	
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.	020909
		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 un is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		BLYTHE, CA MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CADLE STSTEM:	
	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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	020909
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 mob	l communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	identified city.	le nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	BLYTHE	СА
Community	LAPAZ COUNTY	AZ
	RIVERSIDE COUNTY	CA
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							02090
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should o on of television a pay cable) in spa (June 30 or De blocks in space	cover all and radi ace F, n ecember e E call	l categories of io broadcasts ot here. All the r 31, as the ca for the numbe	secondary by your sy facts you se may be of subsc	stem to subscrib state must be t e). cribers to the cat	bers. Give i hose existi ble system,	nformation ng on the broken	
Rates	each category by counting the new separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block 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 c	umber of billings ice at the rate ir harged for each . (Example: "\$20 counts allowed for in space E, the to their subscri- e: Where an ind should be count ble service to a	s in that ndicateo n catego 0/mth"). or advar form lis ibers. G ividual o ted as a dditiona	category (the l-not the num ory of service. I Summarize a nce payment. sts the categor sive the numbe or organizatior a subscriber in al sets would b	number of aber of sets nclude bo ny standar ies of seco r of subsc a is receivi each appl e included	f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate f ng service that f licable category.	anizations ice). f the charg s within a p sion servic for each lis alls under Example:	charged e and the articular rate e that cable ted category different a residential	
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	has rate catego	ries for that inc	secondary trai	nsmission ore second	dary transmissio	ns), list the	em, together ervice is	
		NO. OF					DLOON	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	• Service to first set		933	39.99					
	Service to additional set(s)	2	2,630	00100					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		34	39.99					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscribe hose services the the two exception or facilities furni- nit in which it is u rate column. the charged by the support cable system separate charge	er) infor nat are i is: you o ished to usually l ne cable tem furr e was m	mation with re not offered in o do not need to nonsubscribe billed. If any ra system for ea hished or offere ade or establi	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	on with any seco information condu- formation shoul arged on a varia applicable service the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res	idential				
	Pay cable Pay cable—add'l channel	17.00 19.00		el, hotel nmercial					
	Fire protection	19.00		cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	40.00		glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	Converter			connect					
									.
				let relocation ve to new addr		25.00 40.00			

-				
				TEM ID: 020909
				02090
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	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- ules, 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 carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o "rms, see page (iv) of the general instru n of each station. For U.S. stations, list	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a s ne Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa ictions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" titonal multicast). n is licensed by the	
	A D'CAST CHANNEL NUMBED			
	••••••••••••••••••••••••••••••••••••••			
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	•	-		
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KTLA-HD	31	I-M	LOS ANGELES, CA	
KTTV	11		LOS ANGELES, CA	
KTTV KTTV-HD KTVW-DT	11 11 33	I I-M I-M	LOS ANGELES, CA LOS ANGELES, CA PHOENIX, AZ	
	CEQUEL COMMUNIC PRIMARY TRANSMITTERS: In General: In space G, ide 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 not list the station here, station was carried only on • List the station here, and a basis. For further informatic 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 locatio	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting the 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.63 usbstitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried basis. For further information concerning substitute basis stations; column 1: List each station's call sign. Do not report origination prulticast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 1: List each station's call sign. Do not report origination prulticast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter 'N' (for network), "N-M' (for independent multicast), "E" (for noncommercial educational) is true. Column 4: Give the location of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the state sta	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis for any statican was carried both on a substitute basis and al basis. For further information concerning substitute basis stations: a substitute basis and al basis. For further information concerning substitute basis stations: see page (v) of the general instru Column 1: List each station's call sign. Do not report origination program services such as HBO, ES Column 2: Give the channel number the FCC assigned to the television station for broadcasting over of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Lidicate in each case whether the station is an etwork station, an independent station, or educational station, or educational station, or eace whether the station is an etwork multicast). "If (or notwork, NURC) or network multicast), "If (or notwork, NURC) or network multicast), "If (or notwork multicast), and paragraph. Column 3: Indicate in each case whether the station is an etwork station, an independent station, or educational station, or candigating station, and the pare SA1-2 form. Column 4: Give the channel A 10 the etwork, NURC notwork multicash, "If (or notwork, NURC) o	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS CEQUEL COMMUNICATIONS LLC Image: Common system of the accounting period, accard only on a part-time basis under FECC rules and equilations in the accounting period, accard only on a part-time basis under FEC rules, and equilations in the only period, accard only on a part-time basis under FEC rules, regulations, in the only period, accard only your cable system during the accounting period, accard only on a part-time basis under FEC rules, regulations, on early the specific FEC rules, regulations, on early the specific top on a substitute basis and also on some other basis. basis under specific FEC rules, regulations, or authorizations: • Do not list the space of rule basis stations carried by your cable system on a substitute part the space of rule at the space of rule

EGAL NAME OI								SYSTEM II 0209
RIMARY TRA		: RADIO						
			arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	It 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 eneral i eparate	be expected, rated intervals. Instructions in the.	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: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					020909
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
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	ion program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		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	Yes, 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						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	r informatior	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			FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				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. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was 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	listed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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. TI FROM –	MES – TO	DELETION
							10	
							_	
							_	
						-	_	
							_	
							_	
							_	
							-	

Accounting Period:	2018/1			FORM S	6.00 A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC				6YSTEM ID# 020909
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	ystem's s	econdary trans to compute this	mission servi s amount, sec \$ 3	ce
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,7	100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	,			1
	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 line:	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS			-	
	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				
	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	nd 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K	5	354,497.80		
	2. Base amount under statutory formula	6	263,800.00		
	3. Subtract line 2 from line 1	5	90,697.80		
	4. Multiply line 3 by .01	<u>.</u>	\$	906.98	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots	<u>.</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u>.</u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6 .		\$	2,225.98
	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)	· · · · · · · · · · · ·	\$	2,225.98	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	·····	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,245.98
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 020909
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	24 392
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 system 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 owner 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)] K /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) 	tem as identified
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2018	

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

unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	02090
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 f lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include 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 (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 transmission made by satellite carriers to satellite dish owners?	sub- Special Statemen "Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme days e)
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