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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	004537
		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)	
	INIOTE		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us 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:	
		PARIS, AR	
		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 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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004537
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
First	CITY OR TOWN PARIS	AR
First Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							00453
	SECONDARY TRANSMISSION	SERVICE	IRSCPI		TES				
E	In General: The information in s			-	-	y transmission s	ervice of t	he cable	
	system, that is, the retransmission	on of television	and rac	lio broadcasts I	by your sy	stem to subscrib	ers. Give	information	
Secondary	about other services (including p						nose exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la svetom	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				iy standa		within a p		
	Block 1: In the left-hand block				ies of seco	ondary 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								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tw	o- or thre	e-word description	on of the s	service is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:		-				-		
	Service to first set		169	34.99					
	Service to additional set(s)		64	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		10	34.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
-	In General: Space F calls for rat					ll your cable syst	em's serv	ices that were	
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.	-	-		-		0	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mo	tel, hotel					
	 Pay cable—add'l channel 		• Cor	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	∕ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	First set	40.00	• Bur	glar protection					
	 Additional set(s) 	25.00	Other s	services:					
			• Red	connect		40.00			1
	 FM radio (if separate rate) 		1.00	Connect		.0.00			
	FM radio (if separate rate) Converter		-	connect					
	· · · /		• Dis			25.00			

me	LEGAL NAME OF OWNER OF			SYSTEM ID# 004537
	CEQUEL COMMUNIC			UU4JJ1
hary hitters: ision	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, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried n concerning substitute basis stations, s's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub 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, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K04RA-D	4	I	CLARKSVILLE, AR
	K04RA-D KAFT	4 9	E	CLARKSVILLE, AR FAYETTEVILLE, AR
Necessary			I E N	
ecessary	KAFT	9		FAYETTEVILLE, AR
lecessary	KAFT KFSM-TV	9 18		FAYETTEVILLE, AR FORT SMITH, AR
cessary	KAFT KFSM-TV KFTA-TV	9 18 27	N I	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR
cessary	KAFT KFSM-TV KFTA-TV KHBS	9 18 27 21	N I N	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR
cessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW	9 18 27 21 21 21	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR
ecessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
lecessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
lecessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
s Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
s Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
s Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
s Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
s Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
s Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
s Necessary	KAFT KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	9 18 27 21 21 21 50	N I N I-M	FAYETTEVILLE, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR

CEQUEL CO	F OWNER OF (SYSTEM II 0045
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					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 b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under 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	at the system's he system's FM anto this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
	AN4 514	0/D			AN4 514	0/D		
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							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					004537
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	<i>sion program.</i> broadcast by	- a <i>distant</i> stat	ion. that vour	cable svste	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	horizations.	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							
Special Statement and	 During the accounting per 	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	ust complete	the prograr	n
	log in block 2.			-	•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. 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	1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	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			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	ith
	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 carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	ouid 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	ind regulation	is in	
					<u>гт</u>			I
		IIBSTITII	E PROGRAM	1		EN SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							_	
							_	
						_	_	
							_	
							-	
							-	
						_	-	
							_	
							-	
							-	
							-	
						_	-	
							-	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 004537
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 3,588.96
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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance 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	ter of Copyrig	
1			

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 004537
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 which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	8 54
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted 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; of (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)] 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 SVF, FROORAMINING (Title of official position held in corporation or partnership) Date: 08/18/2018	

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unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0045
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	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 payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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