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

			T OFFICE USE ONLY	Return completed workbook by email to:
STATEMENT OF		FUR COPTRIGH		by chiair to.
for Secondary Transm		DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Systems (Shor	t Form)			
		8/28/20	\$	For additional information, contact the U.S. Copyright
General instructions are I	ocated	0/20/20		Office Licensing Division at:
in the first tab of this work	kbook		ALLOCATION NUMBER	Tel: (202) 707-8150
				J
A ACCOUN	TING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
		1		
2020	/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		1		
		1		
	20201	Barcode Data Filing Period (optional -	see instructions)	
Accounting		•		
Period				

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		ULTRA COMMUNICATIONS GROUP, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E EARLL DRIVE (Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012 (City, town, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS
		MAILING ADDRESS OF CABLE SYSTEM:
	2	3759 OLD STERLINGTON RD (Number, street, rural route, apartment, or suite number)
		MONROE, LA 71203 (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 sufficiency of the fling, a determination that would be made by a court of law.

Name D Area Served	ULTRA COMMUNICATIONS GROUP, LLC Instructions: List each separate community served by the cable system. A "cd "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	rated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter know ilings.
Area	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	nat you list will serve as a form of system identification hereafter know ilings.
Area	as the "first community." Please use it as the first community on all future finance in the second properties such as hotels, apartments, condominiums, or	ilings.
	Note: Entities and properties such as hotels, apartments, condominiums, or	
		mobile home parks should be reported in parentheses below the
	identified city.	
	CITY OR TOWN	STATE
First	BELLE CHASSE	LA
Community		
Rows as Necessary		
Nows as Necessary		

	1						FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	TEM ID
	ULTRA COMMUNICATI	ONS GROU	P, LLC					523
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIBERS AND	RATES				
E	In General: The information in s							
0	system, that is, the retransmission							
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period					those existin	g on the	
Service: Sub-	Number of Subscribers: Bot					ble system, ł	oroken	
scribers and	down by categories of secondar					•		
Rates	each category by counting the n				•		harged	
	separately for the particular server <b>Rate:</b> Give the standard rate of						and the	
	unit in which it is generally billed							
	category, but do not include disc							
	Block 1: In the left-hand block	t in space E, th	e form lists the cate	gories of sec	ondary transmis	ssion service	that cable	
	systems most commonly provide							
	that applies to your system. <b>Not</b> categories, that person or entity							
	subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system				service that are	e different fro	m those	
	printed in block 1 (for example, t					,.		
	with the number of subscribers a	and rates, in the	e right-hand block.	A two- or thre	e-word descript	ion of the se	rvice is	
	sufficient.	OCK 1				BLOCK 2	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIB		U CAN		VICL	SOBSCRIBERS	
	Service to first set		606 \$40.0	n				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		68 \$40.0	•				
	Converter							
	Residential							
	Non-residential							
	• Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA		TES				
-	<b>In General:</b> Space F calls for ra				III your cable sy	stem's servic	es that were	
F	not covered in space E, that is, t							
	service for a single fee. There a							
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually billed. If all	y fales are ci	larged on a van	able per-pro	gram basis,	
ransmissions:	5		he cable system fo	r each of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •		-	-	-		
	listed in block 1 and for which a		•		these other ser	vices in the f	orm of a	
	brief (two- or three-word) descrip	ption and inclue	de the rate for each	•		•		
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEGOF	RY OF SERVICE	RATI
	Continuing Services:		Installation: Non-	residential				
	• Pay cable	\$9-\$18.00	<ul> <li>Motel, hotel</li> </ul>			EXPAND	ED BASIC	55.0
	<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Commercial</li> </ul>			DIGITAL	FAM PLUS	13.0
	Fire protection		<ul> <li>Pay cable</li> </ul>			STARZ S	SUPER PAK	18.0
	•Burglar protection		<ul> <li>Pay cable-add'</li> </ul>	l channel		SHOWTI	ME UNLTD	18.0
	Installation: Residential		<ul> <li>Fire protection</li> </ul>			HBO TH	E WORKS	27.0
		\$40.00	<ul> <li>Burglar protect</li> </ul>	ion		CINEMA	X	13.0
	• First set	+				HBO		
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other services:					18.0
			Other services: • Reconnect		\$90.00			18.0
	<ul> <li>Additional set(s)</li> </ul>				\$90.00			18.0
	• Additional set(s) • FM radio (if separate rate)		Reconnect	'n	\$90.00			18.0
	• Additional set(s) • FM radio (if separate rate)		Reconnect     Disconnect		\$90.00 \$45.00			18.(

Namo	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	ULTRA COMMUNIC	ATIONS GROUP, LLC		52
	PRIMARY TRANSMITTERS:	: TELEVISION		
G Primary ransmitters: Television	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast	dentify every television station (including the em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>us</b> : With respect to any distant stations can rules, regulations, or authorizations: ere in space G—but do list it in space I (the on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- in the form. nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. ch case whether the station is a network s tering the letter "N" (for network), "N-M" (fi t), "E" (for noncommercial educational), or	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain si rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- ogram services such as HBO, ES air designation. For example, re- rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde	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 upendent), "I-M"
	Column 4: Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instruction of each station. For U.S. stations, list tradian stations, if any, give the name of the	the community to which the station e community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGLA	42	<b>I</b>	HAMMOND, LA
	WDSU	43	Ν	NEW ORLEANS, LA
Rows as Necessary	WGNO	26	Ν	NEW ORLEANS, LA
	WHNO	21	Ν	NEW ORLEANS, LA
	WLAE		E	NEW ORLEANS, LA
	WNOL	15	N	NEW ORLEANS, LA
	WPXL		N	NEW ORLEANS, LA
	WUPL	24	Ν	SLIDELL, LA
	WVUE	29	l	NEW ORLEANS, LA
	WWL	36	Ν	NEW ORLEANS, LA
	WYES	11	E	NEW ORLEANS, LA
	WYES	11	E-M	NEW ORLEANS, LA
	WWL-2	36	I-M	NEW ORLEANS, LA
	WWL-3	36	I-M	NEW ORLEANS, LA
	WDSU-2	43	I-M	NEW ORLEANS, LA
	WVUE-2	29	I-M	NEW ORLEANS, LA
	WGNO-2	26	I-M	NEW ORLEANS, LA
	WNOL-2	15	I-M	NEW ORLEANS, LA
	WUPL-2	24	I-M	SLIDELL, LA
	WUPL-3	24	I-M	SLIDELL, LA

EGAL NAME OF			ROUP, LLC					SYSTEM I 52
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be receint the Consign of e he static ion's sign g a check h's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ant this point, see pa ed by the cable he station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can ertain st general 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	
GALL OIGH		5/0	LOGATION OF STATION	UALL DIGN		0/0		
							·	
						·		

Accounting Perio	0a: 2020/1							FORM	/I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:						SYSTEM ID#
Name	ULTRA COMMUNICAT	TIONS GRO	UP, LLC						5233
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	tifv everv nonn	network televi	s <i>ion program.</i> broadcast by	v a <i>distant</i> sta	tion. that v	our c	able svst	tem carried on a
	substitute basis during the a								
Substitute	explanation of the programm	ning that must	be included	in this log, see page (v) of t	the general ins	structions i	n the	paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCERN	ING SUBS	TITUTE CARRIAGE					
Special	<ul> <li>During the accounting per</li> </ul>	riod, did your	cable syster	n carry, on a substitute ba	asis, any noni	network te	levisi	ion progr	ram
Statement and	broadcast by a distant sta	-							NO
Program Log	2							YES	
	Note: If your answer is "No	o", leave the re	est of this pa	ge blank. If your answer is	s "Yes," you i	must com	olete	the prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each subs	titute program	n on a separ	ate line. Use abbreviations	s wherever p	ossible, if	their	meaning	g is
	clear. If you need more spa								·
	period, was broadcast by a			vision program ("substitute					
	under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /		,	
			cast live, ente	er "Yes." Otherwise enter '	"No."				
				asting the substitute prog					
				the community to which th			the F	FCC or,	in
	the case of Mexican or Car						ale w	uith tho m	aanth
	first. Example: for May 7 gi		men your sy	stem carried the substitute	e program. U	se numera	ais, w	nun une m	ionin
			substitute pr	ogram was carried by you	r cable syste	m List the	time	s accura	atelv
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."			, ,	·				
		"D"				t vour evel	om w		ired
				n was substituted for prog					
	to delete under FCC rules a	and regulatior	ns in effect d	uring the accounting period	od; enter the	letter "P" i	f the I	listed pro	
	to delete under FCC rules a was substituted for program	and regulatior mming that yo	ns in effect d	uring the accounting period	od; enter the	letter "P" i	f the I	listed pro	
	to delete under FCC rules a	and regulatior mming that yo	ns in effect d	uring the accounting period	od; enter the	letter "P" i	f the I	listed pro	
	to delete under FCC rules a was substituted for program	and regulatior mming that yo	ns in effect d	uring the accounting period	od; enter the l der FCC rules	letter "P" in and regu	f the I llation	listed pro	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatior mming that yo	ns in effect d our system w	uring the accounting period as permitted to delete unc	bd; enter the der FCC rules	letter "P" in s and regu	f the I Ilation	listed pro	
	to delete under FCC rules a was substituted for program effect on October 19, 1976 Si	and regulatior mming that yo	ns in effect d our system w PROGRAM	uring the accounting period as permitted to delete unc	bd; enter the der FCC rules WHE CARRI	N SUBST	f the I Ilation	listed pro	ogram
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatior mming that yo UBSTITUTE 2. LIVE? 3.	ns in effect d our system w	uring the accounting period as permitted to delete unc	bd; enter the der FCC rules	N SUBST	f the I Iation	listed pro	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976 Si	and regulatior mming that yo UBSTITUTE 2. LIVE? 3.	ns in effect d our system w PROGRAM . STATION'S	uring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the I Iation	listed pro	ogram 7. REASON FOR
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	to delete under FCC rules a was substituted for program effect on October 19, 1976 Si	and regulatior mming that yo UBSTITUTE 2. LIVE? 3.	ns in effect d our system w PROGRAM . STATION'S	uring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the I Iation	listed pro	ogram 7. REASON FOR
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Accounting Period:	2020/1		FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC		ę	SYSTEM ID# 5233
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's so (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see \$2!	
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 th • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less th • See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	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 accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			
	1. Base amount under statutory formula   \$	· · · · ·		
	2. Enter amount of gross receipts from space K	251,095.58		
	3. Subtract line 2 from line 1	12,704.42		
	4. Enter the amount of gross receipts from space K	. \$ 2	251,095.58	
	5. Enter the amount from line 3	. \$	12,704.42	
	6. Subtract line 5 from line 4	\$ 2	238,391.16	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,191.96
	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		\$	1,191.96
	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	263,800.00		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,191.96	
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		\$	1,211.96
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2020/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER ( ULTRA COMMUNICA		C				SYSTEM ID# 5233
<b>M</b> Channels	CHANNELS Instructions: You must y to its subscribers, and (2 1. Enter the total number system carried television 2. Enter the total number on which the cable syst and nonbroadcast servi	<ul> <li>) the cable system's to of channels on which on broadcast stations .</li> <li>r of activated channels tem carried television to</li> </ul>	the cable 	ctivated channels durir	ng the ac		20 250
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about this	s statement of account	t.)	ION IS NEEDED (Ident	tify an inc		
for Further Information						Telephone	602-364-6195
	(Numbe	E. EARLL DRIVE r, street, rural route, apartm ENIX, AZ 8512 wn, state, zip)	nent, or suite numbe	er)			
	Email	EMERSON.YEA	ARWOOD@CA	ABLEONE.BIZ		Fax (optional) 602-364-601	3
O Certification	I, the undersigned, heret     (Owner other t     (Agent of own     in line 1 of     X     (Officer or pa     in line 1 of	by certify that (Check or than corporation or pa er other than corpora space B and that the ov rtner) I am an officer (if space B. tement of account and I porrect to the best of my	ne, <i>but only one</i> , <b>artnership)</b> I am <b>tion or partners</b> wner is not a cor f a corporation) o hereby declare u	of the boxes.) I the owner of the cable <b>ship)</b> I am the duly auth poration or partnership; or a partner (if a partner under penalty of law that	system a orized ag ; or rship) of th t all stated	copyright Office regulations) as identified in line 1 of space ent of the owner of the cable he legal entity identified as ov ments of fact contained herei e in good faith.	system as identified vner of the cable system
			Enter an electro	RAYMOND STOR nic signature on the line a using an "/s/ signature" (	above to o		
		Typed or printed Title: (Title of off	VICE PRES	YMOND STORCK			
		Date:				August 28, 2020	

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

unting Period: 2020/1	FORM SA1-2E. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
RA COMMUNICATIONS GROUP, LLC	523
<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>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
×	-
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	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
x	-
x	-
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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