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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
03/02/21	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	, , "
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	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
	CEQUEL COMMUNICATIONS LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	SUDDENLINK COMMUNICATIONS
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
	TYLER, TX 75701
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	1 RIVERSIDE SPECIAL NEEDS
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	— (maniver, suces, ruran route, aparament, or Suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Nume	CEQUEL COMMUNICATIONS LLC	0						
	Instructions: List each separate community served by the cable system. A "commu							
D	separate and distinct community or municipal entity (including unincorporated co							
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a first community that you list will be a first community that you list wi							
	community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identifie							
Area		e home parks should be reported in parentheses below the identified						
Served	city.							
	CITY OR TOWN	OTATE						
F* 4	CITY OR TOWN BOULDER	STATE MT						
First Community	(RIVERSIDE SPECIAL NEEDS)	IVI I						
Community	(RIVERSIDE SPECIAL NEEDS)							
Add Rows as Necessary								

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

FORM SA1-2E. PAGE 2.

SYSTEM ID#

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	0	-				
Service to additional set(s)	0	0				
• FM radio (if separate rate)						
Motel, hotel						
Commercial	25	40.71				
Converter						
Residential						
Non-residential						
1		I				

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
Pay cable—add'l channel	-	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	-	Burglar protection			
Additional set(s)	-	Other services:			
• FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

ccounting Period:	2020/2								
Name	2020/2			FORM SA1-2E. PAGE					
	LEGAL NAME OF OWNER			SYSTEM ID					
	CEQUEL COMMUNI								
	PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations)								
G	carried by your cable syst								
Daiman		s in effect on June 24, 1981, permitting th							
Primary Transmitters:	substitute program basis,	I(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(///						
Television		. ,	arried by your cable system on a su	bstitute program					
	Do not list the station he	ere in space G—but do list it in space I (th	ne Special Statement and Program	Log)—if the					
			t both on a substitute basis and als	on some other					
	basis. For further informa	tion concerning substitute basis stations,	see page (v) of the general instruc	tions.					
			•	•					
	"WETA-2" as the same o	n the form.							
		the air in its community							
			•						
	(for independent multicas	t), "E" (for noncommercial educational), c	or "E-M" (for noncommercial educat						
				is licensed by the					
		FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	4. LOCATION OF STATION							
	KDT7.4		3. TYPE OF STATION						
		24	1	BUTTE MT					
	KBTZ-1	24	l N	BUTTE, MT					
Add Rows as Necessary	KBZK-1	7	N N	BOZEMAN, MT					
Add Rows as Necessary			I N N	·					
Add Rows as Necessary	KBZK-1 KTVM-1	7 6	N	BOZEMAN, MT BUTTE, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
Add Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT					
	Substitute Basis Station basis under specific FCC • Do not list the station has tation was carried only of • List the station here, and basis. For further informa Column 1: List each stat multicast stream associal "WETA-2" as the same o Column 2: Give the char of license. For example, Column 3: Indicate in ea educational station, by en (for independent multicas For the meaning of these Column 4: Give the local FCC. For Mexican or Car	rules, regulations, or authorizations: ere in space G—but do list it in space I (the on a substitute basis. It also in space I, if the station was carried tion concerning substitute basis stations, ion's call sign. Do not report origination per with a station according to its over-the in the form.  Intelligent the FCC assigned to the telewide with a station according to its over-the in the form.  Intelligent the FCC assigned to the telewide is channel 4 in Washington, D.C. ch case whether the station is a network statering the letter "N" (for network), "N-M" (the concerning the letter "N" (for network), "N-M" (the concerning the letter "N" (for network), "See page (iv) of the general instruction of each station. For U.S. stations, list	s: With respect to any distant stations carried by your cable system on a substitute program rules, regulations, or authorizations: are in space G—but do list it in space I (the Special Statement and Program Log)—if the notation as substitute basis.  I also in space I, if the station was carried both on a substitute basis and also on some other icon concerning substitute basis stations, see page (v) of the general instructions. Son's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each ead with a station according to its over-the-air designation. For example, report multistream in the form.  In all number the FCC assigned to the television station for broadcasting over the air in its community WRC is channel 4 in Washington, D.C. sh case whether the station is a network station, an independent station, or a noncommercial dering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). Items, see page (iv) of the general instructions in the paper SA1-2 form. In the station is licensed by the						

FORM SA1-2E. PAGE 4.

### **CEQUEL COMMUNICATIONS LLC**

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### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL CICA!	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C/D	LOCATION OF STATION	L CALL SIGN	AM 67 EM	C/D	LOCATION OF STATION
CALL SIGN	AW OF FM	S/D	LOCATION OF STATION	CALL SIGN	AWI OF FM	5/D	LOCATION OF STATION
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Primary Transmitters: Radio

Accounting Perio	punting Period: 2020/2 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:						SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C						0		
1	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log	proadcast by a distant station?										
Frogram Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										
	effect on October 19, 1976.								T		
	و	LIBSTITLIT	E PROGRAM				N SUBST		7. REASON FOR		
		2. LIVE?	3. STATION'S			. MONTH		TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	11	AND DAY	FROM	<u>        то</u>			
								_			
								_			
								_			
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Accounting Period: 2	2020/2	FORM SA	1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	Sì	STEM ID# 0							
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	5,000.00							
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)							
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 \$20 t	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 the accounting period is \$52.00	nis 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 \$137,1	00)								
	1. Base amount under statutory formula									
	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									
	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)								
	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		<b></b>								
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00							
	EFT Trace # or TRANSACTION ID #									
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more									

Accounting Period: 2	2020/2						FO	RM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:						SYSTEM ID#
<b>M</b> Channels	Enter the total system carried     Enter the total on which the control of t	s, and (2) the cable system's number of channels on which	total number total	ast stations	g the accountir		5 35	
N Individual to Be Contacted		about this statement of accou		RMATION IS NEEDED (Ident	ify an individual	to whom		
for Further Information	Name Address	RODNEY HASKINS 3027 S SE LOOP 323				Telephone	(903) 579-3152	
		(Number, street, rural route, apartr  TYLER, TX 75701 (City, town, state, zip)		le number)				
	Email	RODNEY.HASh	KINS@AL	LTICEUSA.COM	Fax	(optional		
0	CERTIFICATION (	This statement of account mu	ust be cert	tified and signed in accordance	e with Copyright	t Office regulations)		
Certification	• I, the undersigned	d, hereby certify that (Check or	one, <i>but onl</i>	ly one, of the boxes.)				
	(Owner	other than corporation or p	oartnership	p) I am the owner of the cable s	ystem as identifi	ied in line 1 of space B	; or	
	i	in line 1 of space B and that the	ne owner is	artnership) I am the duly author not a corporation or partnership	o; or			
	i	in line 1 of space B.		ation) or a partner (if a partnersh	.,	•	er of the cable system	
		e, and correct to the best of m		clare under penalty of law that al ge, information, and belief, and a				
			X	/s/ Alan Dannenbaum				
				electronic signature on the line at nature using an "/s/ signature" (e.				
		Typed or printed	d name:	ALAN DANNENBAUM	1			
		Title:		PROGRAMMING position held in corporation or partner	ership)			
		Date:			2	2/25/2021		

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.

counting Period: 2020/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	0
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?  X NO  YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
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 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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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