This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

1

Return completed workbook by

STATEME	ENT OF ACCOUNT	FOR COPYRIC	email to						
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	- conlisson@convright.gov					
-	ems (Short Form)		\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at					
-	of this workbook.	2-28-25	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.					
	of this workbook.		ALLOCATION NOMBER						
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	YY/(Period))						
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
Accounting Period	20	242 Barcode Data Filing Period (optional	- see instructions)						
	Instructions:								
В	Give the full legal name of the owner of subsidiary, not that of the parent corp		ary of another corporation, give the full corpora	ite title of the					
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 f	illing. If not, enter the system's ID number a	ssigned by the Licensing Division.	015028					
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM							
		C OF CABLE SYSTEM (IF DIFFERENT)							
	SUDDENLINK COMMUNICATION								
	3027 S SE LOOP 323								
	(Number, street, rural route, apartment, or su TYLER, TX 75701	ite number)							
	(City, town, state, zip)								
С			ntify the business and operation of the s e system, if different from the address g						
System	1 WINNFIELD, LA	л:							
	MAILING ADDRESS OF CABLE SYST	EM:							
	2 (Number, street, rural route, apartment, or su	ite number)							
	(City, town, state, zip code)								

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community are and distinct community or municipal entity (including unincorporated community). The first community on all future filings. Area Served Instructions: List each separate community or all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be report city.	ed areas and including single, discrete
D Instructions: List each separate community served by the cable system. A "community" is the same as a "commu separate and distinct community or municipal entity (including unincorporated communities within unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identitic community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be report city. First CITY OR TOWN UNNNFIELD JOYCE WINN PARISH WINN PARISH	nity unit" as defined in FCC rules: "a ed areas and including single, discrete
Area unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identific community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be report city. First CITY OR TOWN Grift OR TOWN JOYCE WINN PARISH WINN PARISH	
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be report city. First Community CITY OR TOWN Image: Community of the second	ication hereafter known as the "first
First Community OVE	ed in parentheses below the identified
First WINNFIELD Community JOYCE WINN PARISH	
Community JOYCE WINN PARISH	STATE
WINN PARISH	
Add Rows as Necessary	LA

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								A1-2E. PAGE STEM ID	
Name	CEQUEL COMMUNICATIONS LLC						51	01502		
		IONS LLC							0.001	
Е	SECONDARY TRANSMISSION		-		-					
E	In General: The information in s									
Secondary	system, that is, the retransmission									
Transmission	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).									
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	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									
Rates	separately for the particular serv							charged		
	Rate: Give the standard rate c							e and the		
	unit in which it is generally billed.				standaro	d rate variations	within a pa	articular rate		
	category, but do not include disc Block 1: In the left-hand block				ofseco	ndary transmiss	ion servic	a that cable		
	systems most commonly provide	•		•						
	that applies to your system. Note	e: Where an inc	dividual or	organization is	receivir	ng service that fa	alls under o	different		
	categories, that person or entity									
	subscriber who pays extra for ca					in the count und	ler "Servic	e to the		
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those		
	printed in block 1 (for example, ti	•								
	with the number of subscribers a	ind rates, in the	right-han	d block. A two-	or three	e-word description	on of the s	ervice is		
	sufficient.	OCK 1		<u> </u>			BLOC	()		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:		524	50.00						
	Service to first set		534	50.00						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel Commercial		40	45.05						
	Converter		48	45.95						
	Residential									
	Non-residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIC	NS: RATES						
F	In General: Space F calls for rat	e (not subscrib	er) inform	ation with respe	ect to all	your cable syste	em's servi	ces that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar	•		•			• • • •			
Other Than	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,									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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									
	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 1						BLOCK 2		
	CATEGORY OF SERVICE	PATE	CATEGO			PATE				
	CATEGORY OF SERVICE	RATE		RY OF SERVIC		RATE	CATEG	ORY OF SERVIC	E RAT	
	Continuing Services:		Installati	on: Non-reside		RATE	CATEG	ORY OF SERVIC	E RAT	
	Continuing Services: • Pay cable	17.00		on: Non-reside hotel		RATE	CATEG	ORY OF SERVIC	E RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installation • Motel • Comm	on: Non-reside hotel nercial		RATE	CATEG	ORY OF SERVIC	E RAT	
	Continuing Services: • Pay cable	17.00	Installation • Motel • Comm • Pay c	on: Non-reside hotel nercial	ential	RATE	CATEG	ORY OF SERVIC	E RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	17.00	Installation • Motel • Comm • Pay c • Pay c	on: Non-reside hotel hercial able	ential	RATE	CATEG		E RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	17.00	Installation • Motel • Comm • Pay c • Pay c • Fire p	on: Non-reside hotel hercial able able-add'l chan rotection	ential	RATE			E RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	17.00 19.00 99.00	Installation • Motel • Comm • Pay c • Pay c • Fire p	on: Non-reside hotel hercial able able-add'l chan rotection ar protection	ential	RATE			E RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	17.00 19.00 99.00	Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla	hotel hotel able able able-add'l chan rotection ar protection vices:	ential	40.00			E RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.00 19.00 99.00	Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set	n: Non-reside hotel able able-add'l chan rotection ar protection vices: anect	ential				E RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.00 19.00 99.00	Installati • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set • Recol • Disco	n: Non-reside hotel able able-add'l chan rotection ar protection vices: anect	ential				E RAT	

ing Period: 2	-			FORM SA1-2E. PAG			
lame	LEGAL NAME OF OWNER C			SYSTEM 0150			
	CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION						
G mary mitters: vision	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute 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 under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for nencommercial educational multicast). For form. Column 4: Give the location of each station. For U.S. stations, in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, is the community with which the station 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	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KAQY-1	11	N	COLUMBIA, LA			
	KAQY-HD1	11	N-M	COLUMBIA, LA			
ecessary	KARD-1	14	I	WEST MONROE, LA			
	KARD-2	14.2	I-M	WEST MONROE, LA			
	KARD-3	14.3	I-M	WEST MONROE, LA			
	KARD-HD1	14	I-M	WEST MONROE, LA			
	KARD-HD2	14.2	I-M	WEST MONROE, LA			
	KLTM-1	13	E	MONROE, LA			
	KLTM-2	13.2	E-M	MONROE, LA			
	KLTM-3	13.3	E-M	MONROE, LA			
	KLTM-HD1	13	E-M	MONROE, LA			
	KMLU-1	11	I	COLUMBIA, LA			
	KNOE-1	8	Ν	MONROE, LA			
	KNOE-3	8.3	I-M	MONROE, LA			
	KNOE-4	8.4	I-M	MONROE, LA			
	KNOE-HD1	8	N-M	MONROE, LA			
	KTVE-1	10	N	EL DORADO, AR			
	KTVE-HD1	10	N-M				
				EL DORADO, AR			

	F OWNER OF C							SYSTEM I 0150
n General: Lis		tation ca	rried on a separate and disc nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 11 ignal, indicate Column 4: 0) it is carried by monitoring, to formation abou orm. dentify the call State whether t f the radio stati this by placing Give the statior	y the sys be receiv t the Cop sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	at the system's hear system's FM ante this point, see pag sed by the cable s he station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep yed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					015028
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T 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	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.							
Carriage:	1. SPECIAL STATEMENT				<u>.</u>		·- F-F	
Special	 During the accounting per 	-			is, any nonne	etwork telev	vision progra	m
Statement and Program Log	broadcast by a distant stati	-	,		, ,	Γ	YES	× NO
Frogram Log	Note: If your answer is "No		rost of this nor	no blank. If your answor is	"Voc " vou m			-
	log in block 2.		rescui tilis paç	je blank. Il your answer is	res, you m	usi comple	te the progra	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	itute progra	im on a separa		wherever po	ssible, if the	eir meaning i	is
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") th	ot during t	ha aggountin	a
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prod	ar, during i gramming o	of another sta	ation
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gen	eral instruction	ons for furth	her information	on.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific prograr	n titles, for ex	ample, "I L	Love Lucy" of	r
			dcast live, ente	r "Yes." Otherwise enter "N	No."			
	Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	am.			
	the case of Mexican or Can			ne community to which the			ne FCC or, in	
				tem carried the substitute			, with the mo	onth
	first. Example: for May 7 giv							
	to the nearest five minutes.	es when the Example: a	e substitute pro	gram was carried by your of ed by a system from 6:01:	cable system	. List the til 28:30 n m	mes accurate should be	ely
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.	20.00 p.m.	Should be	
				was substituted for progra				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.					and regula		
					WHE	N SUBST		
	s	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	
							_	
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Accounting Period:	2024/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 015028
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service
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 \$26 • 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.	3 3,800.
	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 this accounting period is \$52.00.	s six-month
	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 lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	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	1,059.82
	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	\$ 2,378.82
	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)	2,378.82
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	\$ 2,398.82
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2024/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CA			SYSTEM ID 015028
M Channels	 to its subscribers, and (2) the 1. Enter the total number of system carried television I 2. Enter the total number of a on which the cable system 	e cable system's total nu channels on which the c broadcast stations activated channels n carried television broa		18
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta		FORMATION IS NEEDED (Identify an individual	
for Further Information	Name RODNEY	Y HASKINS	Telepho	ne (903) 579-3152
	(Number, stre	SE LOOP 323 eet, rural route, apartment, or TX 75701 tate, zip)	suite number)	
	Email	RODNEY.HASKINS@	ALTICEUSA.COM Fax (optional	
O Certification	I, the undersigned, hereby cert (Owner other than (Agent of owner oth in line 1 of sp X (Officer or partner, in line 1 of sp I have examined the statemen	tify that (Check one, <i>but c</i> corporation or partners) her than corporation or bace B and that the owner) I am an officer (if a corp bace B. nt of account and hereby d ct to the best of my knowle	certified and signed in accordance with Copyright Office regulation only one, of the boxes.) hip) I am the owner of the cable system as identified in line 1 of space partnership) I am the duly authorized agent of the owner of the cable is not a corporation or partnership; or oration) or a partner (if a partnership) of the legal entity identified as ow leclare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	B; or system as identified vner of the cable system
			/s/ Alan Dannenbaum an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed name:	ALAN DANNENBAUM	
			, PROGRAMMING cial position held in corporation or partnership)	
		Date:	2/28/2025	

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

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	015028
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 fol- 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 sub- 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	P Special Statement Concerning Gross Receipts Exclusion
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	
Name 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
	Q Interest Assessment
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 Assessment
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 Assessment
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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 Assessment
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 Assessment

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

C	Cable Worksheet	Total amount of remittance		d Initials
		Date of remittance	Check EFT	FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A		(enter four digit year and	l /1 (for Jan-Jun period) or /2 (for Ju	l-Dec period) No spaces)
Accounting Period	Letter sent		Information received	
	Accepted	[Phone call/Date/Contact	
Space B Owner				
	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space D Area Served				
	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent	[Information received	
and Rates	Accepted	[Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	Accepted		Phone call/Date/Contact	

Space I Substitute Carriage

Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	