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

				Return completed workbook by
	ENT OF ACCOUNT		HT OFFICE USE ONLY	email to:
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
	ictions are located of this workbook	08/28/2017	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workdook		ALLOCATION NUMBER	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2017	1 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		liary of another corporation, give the full corpo	orate title
Owner	List any other name or names under whic	h the owner conducts the business of th	e cable system.	
	If there were different owners during the single statement of account and royalty f		ne last day of the accounting period should sub ng period.	
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	002706

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	002708
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	INGRAM, TX	
		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 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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	002706
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you known as the "first community." Please use it as the first community on all future f	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	INGRAM	TX
Community	HUNT	ТХ
	KERR COUNTY(PORTION)	ТХ
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID	
Name	CEQUEL COMMUNICAT	TIONS LLC							00270	
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	he cable		
	system, that is, the retransmission									
Secondary	about other services (including p	bay cable) in sp	ace F, r	ot here. All the	facts you	state must be th				
Transmission Service: Sub-	last day of the accounting period						la avatam	brokon		
scribers and	Number of Subscribers: Both down by categories of secondar									
Rates	each category by counting the n									
	separately for the particular serv									
	Rate: Give the standard rate of unit in which it is generally billed									
	category, but do not include disc				ny standa		within a p			
	Block 1: In the left-hand block	in space E, the	e form li	sts the categor						
	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 of									
	Block 2: If your cable system printed in block 1 (for example, t									
	with the number of subscribers a									
	sufficient.		-							
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		425	28.45						
	<ul> <li>Service to additional set(s)</li> </ul>		189	0						
	• FM radio (if separate rate)									
	Motel, hotel		40							
	Commercial Converter		43	34.39						
	Residential									
	Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	3					
F	In General: Space F calls for rat	•	,		•					
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services		,		0					
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a varia	ble per-pr	ogram basis,		
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	system for ea	ch of the a	annlicable servic	es listed			
Rates	Block 2: List any services that							were not		
	listed in block 1 and for which a				shed. List	these other serv	ices in the	e form of a		
	brief (two- or three-word) description and include the rate for each.									
		BLOO						BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:     Pay cable	17.00		tion: Non-res	idential					
	• Pay cable—add'l channel	19.00		nmercial						
	Fire protection	13.00		v cable						
	•Burglar protection			cable-add'l ch	annel					
	Installation: Residential			protection						
	First set	40.00		glar protection						
	<ul> <li>Additional set(s)</li> </ul>			services:						
			• Rec	connect		40.00				
	<ul> <li>FM radio (if separate rate)</li> </ul>			Johneel		10100				
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect						
	, , ,		• Dise			25.00				

	-			
me	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			002706
hary hitters: ision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other itons. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	КАВВ	30		
	NADD	50		SAN ANTONIO, TX
	KCWX	5		SAN ANTONIO, TX FREDERICKSBURG, TX
ecessary				
ecessary	ксwх	5	I N E	FREDERICKSBURG, TX
cessary	KCWX KENS-TV	5 39		FREDERICKSBURG, TX SAN ANTONIO, TX
cessary	KCWX KENS-TV KLRN	5 39 9		FREDERICKSBURG, TX SAN ANTONIO, TX SAN ANTONIO, TX
iecessary	KCWX KENS-TV KLRN KMYS	5 39 9 32		FREDERICKSBURG, TX SAN ANTONIO, TX SAN ANTONIO, TX KERRVILLE, TX
ecessary	KCWX KENS-TV KLRN KMYS KPXL	5 39 9 32 26	E     	FREDERICKSBURG, TX SAN ANTONIO, TX SAN ANTONIO, TX KERRVILLE, TX UVALDE, TX
cessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV	5 39 9 32 26 12	E     	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
s Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
: Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
s Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
s Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
s Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX
s Necessary	KCWX KENS-TV KLRN KMYS KPXL KSAT-TV KUKC-LD	5 39 9 32 26 12 15	E 1 1 N 1	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX         KERRVILLE, TX         UVALDE, TX         SAN ANTONIO, TX

CEQUEL CO			SYSTEM: S LLC						SYSTEM 002
	t every radio s	station c	) arried on a separate and dis enerally receivable by your c						н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the call state whether the radio state this by placing Sive the station	y the sy be rece it the C I sign of the stati tion's sig g a cheo n's locat	III-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations of each station carried. on is AM or FM. gnal was electronically proce ck mark in the "S/D" column. tion (the community to which	at the e syst n this ssed t the st	e system's h em's FM an point, see p by the cable	headend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
		-	, the community with which th				0.17		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CA	ALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FORM	A SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					002706
					^			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT					<u>-</u>		-
Special	During the accounting period				is any nonne	twork television	nrogram	
Statement and	broadcast by a distant stat	-		ourry, on a substitute bus	is, any nonne			
Program Log							YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the	e program	ı
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa-				wherever pos	sible, if their me	eaning is	
	Column 1: Give the title				program") the	at during the ac	counting	
	period, was broadcast by a							on
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gen	eral instructio	ns for further inf	formation	
	Do not use general categori		vies" or "baskel	ball." List specific prograr	n titles, for ex	ample, "I Love L	Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Voo" Othonwigo optor "I	No."			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					nsed by the FC	C or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	numerals, with	the mont	th
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.							ý
	stated as "6:00–6:30 p.m."	Example. a	program came	eu by a system nom 0.01.	15 p.m. to 0.2	.o.30 p.m. snou	iu be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system was	s required	1
	to delete under FCC rules a							m
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulations i	in	
	effect on October 19, 1976.							
					WHE	EN SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM			IAGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
			<b>_</b>		-			
					-			
					-			
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					-	_		
			+		-			

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	/STEM ID# 002706
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 trans (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 service s amount, see	, <b>528.24</b>
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		
	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 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
	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		nts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 002706
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	9 62
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables sin line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)]	ystem as identified
	Date: 08/18/2017	

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

		FORM SA1-2E. PAG
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0027
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECENT</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 11 lowing sentence:</li> <li>"In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving set.</li> <li>For more information on when to exclude these amounts, see the net located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amount made by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>	11(d)(1)(A), of the Copyright Act by adding the fol- s amounts paid to the cable system for the basic adcast transmitters, the system shall not include sub- econdary transmissions pursuant to section 119." ote on page (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Mailing Address	Name Mailing Address	
<u> </u>		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments subm For an explanation of interest assessment, see page (viii) of the ger		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 i 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	x days	
Line 3 Multiply line 2 by the number of days late and enter the sum Line 4 Multiply line 3 by 0.00274** and enter here	x days	
	x days here x 0.00274 x 3 line 6 \$ -	
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 * To view the interest rate chart click on <i>www.copyright.gov/licer</i>	x days theredays there x 0.00274 there x 0.00274 there	
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 * To view the interest rate chart click on <i>www.copyright.gov/licer</i> contact the Licensing Division at (202) 707-8150 or licensing@	x days heredays x 0.00274 x 3 line 6 \$ (interest charge) hsing/interest-rate.pdf. For further assistance please gloc.gov.	
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