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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@loc.gov
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	08/28/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period)) Period 2 = July 1 - December 31	
2017	Barcode Data Filing Period (optional	- see instructions)	

		20171 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
		3015 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
_	INCTO	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	1	BOONVILLE, MO
		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 fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	037778
	Instructions: List each separate community served by the cable system. A "community served by the cable system. A "comm	
_		
D	"a separate and distinct community or municipal entity (including unincorporate	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	known as the "first community." Please use it as the first community on all futur	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mot	ile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BOONVILLE	MO
Community	COOPER COUNTY(PORTIONS)	MO
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:								FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC									03777
					TEO						
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission	n se	rvice of t	ne cable		
	system, that is, the retransmissio									n	
Secondary	about other services (including p										
Transmission	last day of the accounting period						1- 1		hard and		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary										
Rates	each category by counting the n										
	separately for the particular serv	ice at the rate in	dicated-r	not the num	ber of set	s receiving se	ervic	e).	-		
	Rate: Give the standard rate c										
	unit in which it is generally billed category, but do not include disc				iy standar	rd rate variatio	ons	within a p	articular	rate	
	Block 1: In the left-hand block				es of seco	ondary transn	nissi	on servic	e that cat	ble	
	systems most commonly provide										
	that applies to your system. Note										
	categories, that person or entity									itial	
	subscriber who pays extra for ca first set" and would be counted of					i in the count	una	er Servic	e to the		
	Block 2: If your cable system					service that a	are d	lifferent fi	om those		
	printed in block 1 (for example, t									ner	
	with the number of subscribers a sufficient.	and rates, in the	right-hand	block. A tw	o- or three	e-word descri	ptio	n of the s	ervice is		
		OCK 1						BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF S		VICE). OF CRIBERS	RATE
	Residential:	COBCONIBE			U/(II			TICE	000000		
	Service to first set		803	28.45							
	Service to additional set(s)	1	,900	0							
	• FM radio (if separate rate)		,								
	Motel, hotel										
	Commercial		180	34.62							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•	•	-			vere	
	service for a single fee. There ar										
Services	furnished at cost or (2) services	or facilities furnis	shed to not	nsubscriber	s. Rate in	formation sho	bluc	include b	oth the		
Other Than	amount of the charge and the un		sually bille	d. If any rat	es are ch	arged on a va	ariat	ole per-pr	ogram ba	sis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		e cable sve	stem for eac	ch of the a	applicable ser	vice	s listed			
Rates	Block 2: List any services that								were not		
	listed in block 1 and for which a				hed. List	these other se	ervio	ces in the	form of a	I	
	brief (two- or three-word) descrip	otion and include	e the rate fo	or each.							
		BLOC			105			OATEO		DCK 2	
	CATEGORY OF SERVICE Continuing Services:	1		Y OF SER\ n: Non-resi		RATE		CATEG	URY OF S	SERVICE	RATE
	Pay cable	17.00	• Motel, h		ucintiai						
	Pay cable—add'l channel	19.00	• Comme								
	Fire protection	10.00	Pay cal								
	•Burglar protection			ole-add'l ch	annel						
	Installation: Residential		• Fire pro								
	First set	40.00	•	protection							
			0	protoction			····· •				
		25.00	Other serv	ices:							
	 Additional set(s) 	25.00	Other serv • Reconr			40.00	,				
	Additional set(s)FM radio (if separate rate)	25.00 (Reconn 	lect		40.00	D				
	 Additional set(s) 	25.00	ReconrDisconr	lect		40.00					

carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ATIONS LLC TELEVISION entify every television station (including m during the accounting period, excep in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. Do not report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. the asse whether the station is a network ering the letter "N" (for network), "N-M" or "E" (for noncommercial educational), or the of each station. For U.S. stations, list dian stations, if any, give the name of the communication of each station. For U.S. stations, list dian stations, if any, give the name of the communication of the station stations, if any, give the name of the communication of the station stations, if any, give the name of the communication of the station stations, if any give the name of the communication of the station stations, if any give the name of the communication of the station stations, if any give the name of the station stations, if any give the name of the station station stations, if any give the name of the station station stations, if any give the name of the station station stations are station station station station station stations, if any give the name of the station station station stations station s	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station he community with which the station 3. TYPE OF STATION	t-time basis under prams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" tional multicast). in is licensed by the on is identified. 4. LOCATION OF STATION COLUMBIA, MO
PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru- bo <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KMIZ	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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 the form. el number the FCC assigned to the tele recipe whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), o "Ems, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 17	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station he community with which the station 3. TYPE OF STATION	television stations) t-time basis under irrams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" itional multicast). in is licensed by the on is identified. 4. LOCATION OF STATION COLUMBIA, MO
In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute Program basis, as Substitute Basis Stations: basis under specific FCC rule to 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 Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KMIZ	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (tr a substitute basis. 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 the form. el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. o case whether the station is a network string the letter "N" (for network), "N-M" "E" (for noncommercial educational), o trms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station he community with which the station 3. TYPE OF STATION	t-time basis under prams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" tional multicast). in is licensed by the on is identified. 4. LOCATION OF STATION COLUMBIA, MO
KMIZ	17	N	COLUMBIA, MO
KMIZ-WEATHER			
	17	I-M	COLUMBIA, MO
KMIZ-HD	17	N-M	COLUMBIA, MO
KQFX	17	I	COLUMBIA, MO
KQFX-HD	17	I-M	COLUMBIA, MO
KZOU	17	I-M	COLUMBIA, MO
KZOU-HD	17	I	COLUMBIA, MO
KMOS-KIDS	15	E-M	SEDALIA, MO
KMOS-CREATE	15	E-M	SEDALIA, MO
KMOS-HD	15	E-M	SEDALIA, MO
KMOS-TV	15	Е	SEDALIA, MO
KNLJ	20	l	JEFFERSON CITY, MO
KOMU-CW	8	I-M	COLUMBIA, MO
KOMU-HD	8	N-M	COLUMBIA, MO
KOMU-TV	8	N	COLUMBIA, MO
KRCG	12	Ν	JEFFERSON CITY, MO
KRCG-HD	12	N-M	JEFFERSON CITY, MO
* * * * * * *	KMIZ-HD KQFX KQFX-HD KZOU KZOU-HD KMOS-KIDS KMOS-CREATE KMOS-HD KMOS-TV KNLJ KOMU-CW KOMU-HD KOMU-TV	KMIZ-HD 17 KQFX 17 KQFX-HD 17 KQFX-HD 17 KQFX-HD 17 KZOU 17 KZOU-HD 17 KMOS-KIDS 15 KMOS-CREATE 15 KMOS-HD 15 KMOS-TV 15 KNLJ 20 KOMU-CW 8 KOMU-HD 8 KOMU-HD 8 KOMU-TV 8 KRCG 12	(MIZ-HD) 17 N-M (QFX) 17 I (QFX-HD) 17 I-M (ZOU) 17 I-M (ZOU) 17 I (XOS-KIDS) 15 E-M (MOS-KIDS) 15 E-M (MOS-CREATE) 15 E-M (MOS-HD) 15 E (MOS-HD) 15 E (MOS-HD) 15 E (MOS-HD) 15 E (MOS-HD) 15 N (MOS-HD) 8 N (MOU-CW) 8 N (OMU-HD) 8 N (CG) 12 N

LEGAL NAME O								SYSTEM 037
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					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 ut the C I sign of the stati tion's sig g a chee n's locat	II-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 proces ck mark in the "S/D" column. tion (the community to which	at the system's e system's FM a n this point, see ssed by the cabl the station is lice	headend, and ntenna, during page (v) of the e system as a ensed by the F	(2) it ca genera genera	in be expected, stated intervals. Il instructions in the.	Primary Transmitters Radio
		-	, the community with which th	-		0.0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					1	t		

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C					037778
	SUBSTITUTE CARRIAGE				G			
	In General: In space I, identi				-	ion that you	r cable svete	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	1 <u></u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Noto: If your answor is "No"	loavo tho	roct of this pag	o blank. If your answor is '			_	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	п
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more space						inioaning io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg	es like "mo	vies" or "basket	tball " List specific program	n titles for exa	ample "I I ov	ve Lucv" or	1.
	"NBA Basketball: 76ers vs.					p.e, 1 = e		
				"Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nead by tha	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	program came	ed by a system nom 6.01.	15 p.m. to 6.2	6.50 p.m. sr		
		er "R" if the	listed program	was substituted for progra	imming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
						N SUBSTI		
		2. LIVE?	E PROGRAM		5. MONTH			7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
					1	-	_	
								"
							_	"
					1	-	_	
						-	_	
						-	_	
					1		_	
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							_	"
			+					
			<u>+</u>					
			+					
1								

Accounting Period:	2017/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC			037778
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	secondary trans w to compute thi	mission servic s amount, see	ce 7,139.61
	COPYRIGHT ROYALTY FEE			
Copyright	 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat 	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	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 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 r	nore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	217,139.61		
	3. Subtract line 2 from line 1	46,660.39		
	4. Enter the amount of gross receipts from space K	. \$ 2	17,139.61	
	5. Enter the amount from line 3	. \$	46,660.39	
	6. Subtract line 5 from line 4	\$ 1	70,479.22	
	7. Multiply line 6 by .005 (enter figure here)		\$	852.40
	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		\$	852.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$527	7,600)	
	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		· · ·	
	TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Foc and				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	852.40	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. <u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	872.40
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form for	-		jhts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037778
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcas 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	st stations
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (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 re I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	∋gulations)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1	l of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or	
	 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identiin line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contai are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ent.
	Typed or printed name: SABRINA WARR	
	Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	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 telephoi 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 lave.

QUEL COMMUNICATIONS LLC 037 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: Image: Providing secondary transmissions of primary broadcast transmitters, the system for the basic service of providing secondary transmissions pursuant to section 111.°. P 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. Special Statement concerning Gross receipts for secondary transmissions Mo Special Statement Mailing Address Marie Mailing Address Marie Mailing Address No Special Statement Mailing Address Special Statement Mailing Address No Special Statement Mailing Address Special Statement Mailing Address No Special Statement Mailing Address Special Statement Mailing Address No Special Statement Mailing Address Special Statement Mailing Address No Special Statement Mailing Address Special Statement Mailing Address No Special Statement Mailing Address Special Statement Mailing Address No Special Statement Mailing Address Special Statement Mailing Address No ment Mailing Address Marie Special Statement	unting Period: 2017/1	FORM SA1-2E. PAGE
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contact the Licensing Division at (202) 707-8150 or licensing@loc.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	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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