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 | T OFFICE USE ONLY | Return completed workbook by email to: |
|---|---------------|----------------------|---|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | <u>coplicsoa@copyright.gov</u> |
| General instructions are located in the first tab of this workbook | 03/01/2019 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |

| Α | ACC | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|------------|------|---|--|
| | | 2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| Accounting | | 20182 Barcode Data Filing Period (optional - see instructions) | |
| Period | | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. | |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. | |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. | |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | 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) | |
| | INST | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these | |
| С | | is 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: PUEBLO UNIT | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | (City, town, state, zip code) | |
| L | | | |

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

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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 061262 |
|-----------------------|--|--|
| D | Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or | ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings. |
| Area Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | PUEBLO | СО |
| Community | (PUEBLO UNIT) | |
| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | FORM SA1 | TEM ID |
|---|--|--|---|---|--|--|--|---|--------|
| Name | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 06126 |
| E Secondary Transmission Service: Sub- | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both | pace E should o on of television ay cable) in spa I (June 30 or De | cover al and rad ace F, n ecembe | I categories of io broadcasts b iot here. All the r 31, as the cas | secondar by your sy facts you se may be | stem to subscrib state must be to). | oers. Give nose existi | information ng on the | |
| scribers and Rates | down by categories of secondary each category by counting the miseparately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for categories | y transmission s umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed f in space E, the to their subscr Where an ind should be coun ble service to a | service. s in that ndicated n catego 0/mth"). or adva form lis ibers. C lividual ted as a idditiona | In general, you t category (the d—not the num bry of service. In Summarize ar nce payment. sts the categori Sive the numbe or organization a subscriber in al sets would be | a can com number o ber of set nclude bo ny standar es of seca r of subsc is receivi each apple included | pute the numbe f persons or org s receiving servi th the amount o rd rate variations ondary transmis ribers and rate f ng service that f licable category. | r of subscr anizations ce). f the charg s within a p sion servic or each lis alls under Example: | ibers in charged e and the particular rate e that cable ted category different a residential | |
| | first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient. | has rate catego iers of services | ries for that inc | secondary tran | smission re second | dary transmissio | ns), list the | em, together ervice is | |
| | BL | NO. OF | | | | | BLUUR | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Residential: • Service to first set | | 0 | - | | | | | |
| | Service to additional set(s) FM radio (if separate rate) | | 0 | 0 | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 24 | 42.53 | | | | | |
| | Converter | | | | | | | | |
| | Residential Non-residential | | | | | | | | |
| F Services Other Than Secondary Transmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip | e (not subscribe hose services the two exception or facilities furni- nit in which it is rate column. the charged by the your cable sys- separate charged | er) infor hat are ished to usually he cable tem furr e was m | mation with res not offered in c do not need to o nonsubscriber billed. If any rai e system for each nished or offeren nade or establis | pect to al ombinatio give rate i rs. Rate in tes are ch ch of the a rd during f | on with any seco information condu- formation shoul arged on a varia applicable servic the accounting p | ndary trans ærning (1) d include b able per-pr es listed. æriod that | smission services ooth the ogram basis, were not | |
| | | BLOC | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | | | ORY OF SER | | RATE | CATEG | ORY OF SERVICE | RATE |
| | Continuing Services: | | | tion: Non-resi | dential | | | | |
| | Pay cable | - | | el, hotel nmercial | | | | | |
| | • Pay cable add'l channel | - | | r cable | | | | | |
| | Pay cable—add'l channel Eire protection | | | | | | | | |
| | Fire protection | | | | annel | | | | |
| | Fire protection Burglar protection | | • Pay | r cable-add'l ch | annel | | | | |
| | Fire protection | - | • Pay • Fire | | annel | | | | |
| | Fire protection Burglar protection Installation: Residential | - - - | • Pay • Fire • Bur | cable-add'l ch protection | annel | | | | |
| | Fire protection Burglar protection Installation: Residential First set | | • Pay • Fire • Bur Other s | r cable-add'l ch protection glar protection | annel | | | | |
| | Fire protection Burglar protection Installation: Residential First set Additional set(s) | - - - | • Pay • Fire • Bun • Bun • Rec | cable-add'l ch protection glar protection services: | annel | | | | |

| ing Period: | | | | FORM SA1-2E. PAGE |
|-------------|--|---|---------------------------------------|-----------------------------|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM II 0612 |
| | CEQUEL COMMUNIC | | | 06120 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | ntify every television station (including n during the accounting period, <i>excep</i> | | |
| | | n effect on June 24, 1981, permitting t | | |
| / | 76.59(d)(2) and (4), 76.61(e | e)(2) and (4), or 76.63 (referring to 76.6 | | |
| ers: on | | s explained in the next paragraph. : With respect to any distant stations o | arried by your cable system on a s | ubstitute program |
| on | | les, regulations, or authorizations: | arried by your cable system on a s | |
| | • Do not list the station here | e in space G—but do list it in space I (1 | he Special Statement and Program | n Log)—if the |
| | station was carried only on | | d both on a substitute basis and a | an on some other |
| | | also in space I, if the station was carrie n concerning substitute basis stations | | |
| | Column 1: List each station | i's call sign. Do not report origination | program services such as HBO, ES | SPN, etc. Identify each |
| | multicast stream associated "WETA-2" as the same on t | I with a station according to its over-th | e-air designation. For example, re | port multistream |
| | | el number the FCC assigned to the tele | evision station for broadcasting over | er the air in its community |
| | of license. For example, W | RC is channel 4 in Washington, D.C. | - | |
| | | case whether the station is a network | | |
| | | ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), | | |
| | | rms, see page (iv) of the general instru | | |
| | | n of each station. For U.S. stations, lis | | |
| | FCC. For Mexican or Cana | dian stations, if any, give the name of t | the community with which the station | on is identified. |
| | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | ΚΚΤ٧-1 | 49 | N | COLORADO SPRINGS, CO |
| | KOAA-1 | 42 | Ν | COLORADO SPRINGS, CO |
| sary | KRDO-1 | 24 | Ν | COLORADO SPRINGS, CO |
| Jury | | | E | |
| | KTSC-1 | 8 | | COLORADO SPRINGS, CO |
| | KVSN-1 | 48 | <u> </u> | PUEBLO, CO |
| | KXRM-1 | 22 | I | COLORADO SPRINGS, CO |
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| EGAL NAME OF | | | | | | | | SYSTEM II 0612 |
|--|---|---|--|--|--|---|---|----------------------------------|
| | | | | | | | | 0012 |
| | every radio s | station ca | arried on a separate and discre nerally receivable by your cab | | | | | Н |
| eceivable if (1) in the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station | y the sys be recein to the Co sign of e the static ion's sign g a check n's locati | I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process and and and and and and and and and and | t the system's he system's FM ante his point, see pa ed by the cable s e station is licens | adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC |) it can ertain st eneral in eparate | be expected, ated intervals. Instructions in the. | Primary Transmitters Radio |
| | | | | | | C/D | | |
| 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 Peric | od: 2018/2 | | | | | | FOR | M SA1-2E. PAGE 5. |
|--------------------------|--|--------------|-------------------|---|-----------------|--------------------------|------------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | | 061262 |
| | SUBSTITUTE CARRIAG | E: SPECIA | L STATEME | NT AND PROGRAM LO | G | | | |
| I I | In General: In space I, identi | | | | • | ion that your ca | ahle syste | m carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | ing that mus | st be included in | this log, see page (v) of the | e general instr | uctions in the p | aper SA1- | -2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBS | TITUTE CARRIAGE | | | | |
| Special Statement and | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonne | twork telev <u>isior</u> | <u>n</u> program | <u>1</u> |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| i rogiani Log | Note: If your answer is "No" | ' leave the | rest of this nac | e blank. If your answer is ' | 'Yes " vou mi | ist complete th | - | |
| | | , leave the | | | res, you me | | ic program | |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible, if their m | neaning is | |
| | clear. If you need more spa | ce, please a | add additional i | rows to the tables. | | | - | |
| | | | | ision program ("substitute | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | ies like "mo | vies" or "baske | tball." List specific program | titles, for exa | ample, "I Love | Lucy" or | |
| | "NBA Basketball: 76ers vs. | | | | | | | |
| | | | | r "Yes." Otherwise enter "N Isting the substitute progra | | | | |
| | | | | ne community to which the | | nsed by the FC | CC or, in | |
| | the case of Mexican or Can | adian static | ons, if any, the | community with which the | station is ider | ntified). | | |
| | | | when your sys | tem carried the substitute | orogram. Use | numerals, with | h the mon | ith |
| | first. Example: for May 7 giv | | substitute pro | gram was carried by your o | nahle svetem | l ist the times | accuratel | lv. |
| | to the nearest five minutes. | | | | | | | y |
| | stated as "6:00–6:30 p.m." | | | | | | | |
| | | | | was substituted for progra | | | | |
| | to delete under FCC rules a was substituted for program | | | | | | | am |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | | | | 1 |
| | s | UBSTITUT | E PROGRAM | 1 | | N SUBSTITU | | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TIME | ES | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — | TO | |
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| Accounting Period: | 2018/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|-----------------------------|---------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID# 061262 |
| K 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 transmit (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. IMPORTANT: You must complete a statement in space P concerning gross receipts. | ssion service mount, see | 5,164.46 ss receipts) |
| 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 \$2 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | 63,800 | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 | his six-mon | |
| | 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 \$ 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 | | |
| | 2. Subtract line 2 from line 1 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 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m | | |

| Accounting Period: | 2018/2 | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID 061262 |
| 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 | 6 25 |
| 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 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 B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 identified as owne 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | stem as identified |
| | Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING | |
| | (Title of official position held in corporation or partnership) Date: 02/18/2019 | |

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 telephol 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 lav

| unting Period: 2018/2 | FORM SA1-2E. PAG |
|--|--------------------------------------|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| QUEL COMMUNICATIONS LLC | 0612 |
| 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 su 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 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? | Concerning Gros Receipts Exclusio |
| X NO | |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name | |
| | |
| 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. | t. Q |
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| Line 1 Enter the amount of late payment or underpayment | Interest Assessme |
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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 th 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.