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

STATEME	NT	OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:					
-		ansmissions by	DATE RECEIVED	AMOUNT					
Cable System					<u>coplicsoa@copyright.gov</u>				
				\$	For additional information, contact the U.S. Copyright				
General instruc	ctions	are located	02/28/2020		Office Licensing Division at:				
in the first tab o	of this	workbook	02/20/2020	ALLOCATION NUMBER	Tel: (202) 707-8150				
	1								
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))					
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		· ·							
		20192	Barcode Data Filing Period (optional	- see instructions)					
Accounting Period									
renou									
_		Instructions: Give the full legal name of the owner of the	e cable system. If the owner is a subsid	liary of another corporation, give the full corp	oorate title				
В		of the subsidiary, not that of the parent co	rporation.						
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.					
		If there were different owners during the a	accounting period, only the owner on th	ne last day of the accounting period should su	ıbmit a				
		single statement of account and royalty fee	e payment covering the entire accounti	ing period.					
		Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	002741				
		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 nu TYLER, TX 75701	imber)						
		(City, town, state, zip)							
С				tify the business and operation of the					
System	names	IDENTIFICATION OF CABLE SYSTEM:		e system, if different from the address					
Gystein	1	HENRIETTA, TX							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2								
	2	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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID 00274						
Name	CEQUEL COMMUNICATIONS LLC							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the						
Served								
	CITY OR TOWN	STATE						
First	HENRIETTA	TX						
Community								
dd Rows as Necessary								

								FORM SA1				
Name	LEGAL NAME OF OWNER OF C/	SYSTEM ID 00274										
	CEQUEL COMMUNICATIONS LLC											
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES							
Ε	In General: The information in s			-		•						
Secondary	system, that is, the retransmission about other services (including p											
Secondary Transmission	last day of the accounting period						uiose exis	ung on the				
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken				
scribers and	down by categories of secondar	y transmission	service.	In general, you	u can con	pute the numbe	er of subso	cribers in				
Rates		down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	unit in which it is generally billed											
	category, but do not include disc				ny standa		is within a					
	Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ce that cable				
	systems most commonly provide							0,				
	that applies to your system. Not			-		-						
	categories, that person or entity subscriber who pays extra for ca						•					
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descript	ion of the	service is				
	sufficient.						BL OCL	()				
		BLOCK 1 NO. OF					BLOCK 2 NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:		65	24.00								
	Service to first set		65	34.99								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		11	34.99								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC											
-	In General: Space F calls for ra					Il your cable sys	stem's ser	vices that were				
F	not covered in space E, that is, t	hose services	that are	not offered in c	ombinatio	on with any seco	ondary tra	nsmission				
	service for a single fee. There are		,		0		0 (,				
Services	furnished at cost or (2) services											
Other Than Secondary	amount of the charge and the ur		susually	billed. If any ra	tes are cr	harged on a vari	able per-p	orogram basis,				
ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
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											
	brief (two- or three-word) description and include the rate for each.											
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	tion: Non-resi	dential							
	• Pay cable	19.00		el, hotel								
	 Pay cable—add'l channel 	19.00	• Con	nmercial								
	Fire protection		-	cable								
	 Burglar protection 		-	cable-add'l cha	annel							
				protection								
	Installation: Residential											
	Installation: Residential First set 	99.00	• Bur	glar protection								
		99.00 25.00		services:								
	• First set		Other s			40.00						
	• First set • Additional set(s)		Other s • Rec	ervices:		40.00						
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Disc	ervices:		40.00 25.00						

	2019/2			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#						
INdIIIC	CEQUEL COMMUNIC	CATIONS LLC		002741						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	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 <i>not</i> 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 here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information 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.									
	of license. For example, W Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	WE IA-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 network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to 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						
	K44FI-1	44	E	WICHITA FALLS, TX						
		•								
	KAUZ-1	6	N	WICHITA FALLS, TX						
Rows as Necessary	KAUZ-1 KAUZ-2	6.2	N I-M	WICHITA FALLS, TX WICHITA FALLS, TX						
ows as Necessary										
vs as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
s as Necessary	KAUZ-2 KFDX-1	6.2	I-M	WICHITA FALLS, TX WICHITA FALLS, TX						
s as Necessary	KAUZ-2 KFDX-1 KJBO-1	6.2 3 3	I-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX						
<i>i</i> s as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
ws as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
ws as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
ws as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
ows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
tows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
Rows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
Rows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
Rows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
Rows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
Rows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
ows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
Rows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
ows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
Rows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						
d Rows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KFDX-1	3	N	WICHITA FALLS, TX						
	KJBO-1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I	WICHITA FALLS, TX						
	KSWO-1	7	N	LAWTON, OK						

	OWNER OF C							SYSTEM 002
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the	the system's he ystem's FM anten his point, see page ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		•		h		t		

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	ATIONS L	LC					002741	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G				
	In General: In space I, ident	tify every no	onnetwork telev	<i>ision program</i> , broadcast by	, a distant sta	tion, that y	our cable sys	tem carried on a	
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	FCC rules, regulations, or authorizations. For a further				
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of t	he general ins	structions i	n the paper S	A1-2 form.	
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	 During the accounting per 	riod, did yo	ur cable syste	n carry, on a substitute ba	isis, any nonr	network te	levision prog		
Program Log	broadcast by a distant sta	tion?					YES	× NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	plete the prog	jram	
	log in block 2.								
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		oosible ifi	their meenin	- io	
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, ii i	ineir meaning	y is	
				vision program ("substitute	e program") tl	hat, during	the account	ing	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am titles, for e	example,	I Love Lucy	or	
	Column 2: If the program	m was broa		er "Yes." Otherwise enter					
				asting the substitute prog					
	the case of Mexican or Car			the community to which th			the FCC or,	in	
				stem carried the substitute			als, with the n	nonth	
	first. Example: for May 7 gi	ve "5/7."							
				ogram was carried by you				ately	
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0"	1:15 p.m. to 6	:28:30 p.n	n. snouid be		
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	iired	
	to delete under FCC rules							ogram	
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ter FCC rules	and regu	lations in		
		•						1	
	S	UBSTITUT		1		AGE OCC	BSTITUTE OCCURRED 7. REASON F		
	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	DELETION	
							_		
							_		
							_		
							_		
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							_		
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							_		
							_		

Accounting Period:	2019/2 FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID CEQUEL COMMUNICATIONS LLC 00274							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month							
	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 \$ 52.00 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)							
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K							
	7. Multiply line 6 by .005 (enter figure here)							
	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) \$							
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 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 Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.							

Accounting Period	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 002741
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 . and nonbroadcast services .	858
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name RODNEY HASKINS Telephone	(903) 579-3152
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in 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 or 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 herei 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)] 	system as identified wner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 02/18/2020	-

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

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	00274
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
×	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	·
xdays	i
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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