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

STATEM		OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:						
-		ansmissions by	DATE RECEIVED	AMOUNT	-					
Cable Syste	-		BATEREOENED		<u>coplicsoa@copyright.gov</u>					
General instru			02/28/2020	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:					
in the first tab	of this	workbook	02/20/2020	ALLOCATION NUMBER	Tel: (202) 707-8150					
Α	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))						
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		20100	Barcode Data Filing Period (optiona	al - see instructions)						
		20192								
Accounting Period										
		Instructions:								
В			•	sidiary of another corporation, give the full co	rporate title					
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	004254					
			in not, enter the system s is number	assigned by the Electioning Division.						
		LEGAL NAME OF OWNER/MAILING								
	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 no	imber)							
		(City, town, state, zip)								
	INSTR	t · · · ·	ess or trade names used to ide	ntify the business and operation of the	e system unless these					
С				ne system, if different from the address						
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		SEYMOUR, TX								
		MAILING ADDRESS OF CABLE SYSTEM								
	2	(Number, street, rural route, apartment, or suite no	imber)							
	<u> </u>	(City, town, state, zip code)								
Privacy Act Notio	a. Section	n 111 of title 17 of the United States Code out	horizes the Convright Office to collect #	he nersonally identifying information (DII) regul	ested on this					
form in order to pro	ocess you	r statement of account. PII is any personal inf	ormation that can be used to identify o	he personally identifying information (PII) reque r trace an individual, such as name, address ar	nd telephone					
numbers. By provid	ding PII, y	ou are agreeing to the routine use of it to esta	blish and maintain a public record, wh	ich includes appearing in the Offce's public inde	exes 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID							
Name	CEQUEL COMMUNICATIONS LLC	00425							
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.								
	Note: Entities and properties such as hotels, apartments, condominiums, or r								
Area Served	identified city.								
	CITY OR TOWN	STATE							
First	SEYMOUR	ТХ							
Community									
Id Rows as Necessary									
		ากการการการการการการการการการการการการกา							

								FORM SA1	-			
Name	LEGAL NAME OF OWNER OF C/	SYSTEM ID										
	CEQUEL COMMUNICAT		00425									
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES							
E	In General: The information in s	•		-		•						
. .	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Secondary Transmission	about other services (including particular about other services (including particular about the secounting period						those exis	ting on the				
Service: Sub-							ble systen	n, broken				
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	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				ly standa		5 Within a					
	Block 1: In the left-hand block											
	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, t											
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	o- or thre	ee-word descript	ion of the	service is				
		DCK 1					BLOCI	< 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:	CODCOILD	LIKU	TUTE	0/11			COBCONBENC	1011			
	Service to first set		83	34.99								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		21	34.99								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES	6							
F	In General: Space F calls for ra		,		-	• •						
•	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services		,		0		0 (,				
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the rate column.											
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rales	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	CK 1				BLOCK 2					
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	tion: Non-resi	dential							
	• Pay cable	19.00	• Mot	el, hotel								
	 Pay cable—add'l channel 	19.00	• Cor	nmercial								
	Fire protection		• Pay	cable								
	•Burglar protection		• Pay	cable-add'l cha	annel							
	Burgiai proteotion		Fire	protection								
	Installation: Residential			•			I					
		99.00		, glar protection								
	Installation: Residential	99.00 25.00	• Bur	•								
	Installation: Residential First set 		• Bur Other s	glar protection		40.00						
	Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec	glar protection		40.00						
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Disc	glar protection ervices: onnect		40.00 25.00						

nting Period: 2	2013/2										
Name	LEGAL NAME OF OWNER O	SYSTEM ID									
Name	CEQUEL COMMUNICATIONS LLC 0042										
	PRIMARY TRANSMITTERS:	TELEVISION									
G Primary ansmitters:	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.										
elevision	Substitute Basis Station basis under specific FCC r	s: With respect to any distant stations car rules, regulations, or authorizations:									
	station was carried only or	ere in space G—but do list it in space I (the in a substitute basis. I also in space I, if the station was carried									
	basis. For further informati Column 1: List each static	ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each							
	"WETA-2" as the same on Column 2: Give the chann	5									
	Column 3: Indicate in eac educational station, by ent	WRC is channel 4 in Washington, D.C. ch case whether the station is a network s tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or	or network multicast), "I" (for inde	pendent), "I-M"							
	For the meaning of these t Column 4: Give the location	terms, see page (iv) of the general instruction of each station. For U.S. stations, list t	ctions in the paper SA1-2 form. the community to which the station	n is licensed by the							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.										
		A DIGAGE OLIANINEL NUMBER	A TYPE OF STATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	1. CALL SIGN KAUZ-1	2. B'CAST CHANNEL NUMBER 6	3. TYPE OF STATION	4. LOCATION OF STATION WICHITA FALLS, TX							
ows as Necessary	KAUZ-1	6	N	WICHITA FALLS, TX							
ws as Necessary	KAUZ-1 KAUZ-2	6 6.2	N I-M	WICHITA FALLS, TX WICHITA FALLS, TX							
s as Necessary	KAUZ-1 KAUZ-2 KFDX-1	6 6.2 3	N I-M N	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX							
s Necessary	KAUZ-1 KAUZ-2 KFDX-1 KJBO-1	6 6.2 3 3	N I-M N	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX							
as Necessary	KAUZ-1 KAUZ-2 KFDX-1 KJBO-1 KJTL-1	6 6.2 3 3 18	N I-M N I I	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX							
ws as Necessary	KAUZ-1 KAUZ-2 KFDX-1 KJBO-1 KJTL-1 KRMA-1	6 6.2 3 3 18 6	N I-M N I I E	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO							
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ows as Necessary	KAUZ-1 KAUZ-2 KFDX-1 KJBO-1 KJTL-1 KRMA-1	6 6.2 3 3 18 6	N I-M N I I E	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX DENVER, CO							

CEQUEL CO	MMUNICA							SYSTEM 0042
	every radio s	tation ca	rried on a separate and discrence in the second sec					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. entify 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 pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which the the community with which the	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 anna, 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.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LE CICIT		0,0		ON LEE OTOTA		0/D		
		+				t		

Accounting Perio	od: 2019/2						FORM	A SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	ATIONS L	LC					004254			
	SUBSTITUTE CARRIAG		AL STATEME		06						
1		-	-			tion that w	our ochlo ovo	tom corriad on a			
•	In General: In space I, ident substitute basis during the a										
Substitute	explanation of the program	•••		•							
Carriage:		-			0						
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 										
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant station?										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	2. LOG OF SUBSTITUTI In General: List each subs			ato lino. Lico abbroviation	e whorovor p	occiblo if		n ie			
	clear. If you need more spa				s wherever p	ossible, li	ineir meaning	J IS			
				vision program ("substitute	e program") tl	hat, durinc	the account	ing			
	period, was broadcast by a										
	under certain FCC rules, re										
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or			
	"NBA Basketball: 76ers vs.		deast live ont	or "Voo" Othorwigo optor	"No"						
				er "Yes." Otherwise enter " casting the substitute prog							
				the community to which th		censed by	the FCC or,	in			
	the case of Mexican or Car						,				
			y when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth			
	first. Example: for May 7 gi										
				ogram was carried by you				ately			
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ned by a system from 6.0	1:15 p.m. to e	.28:30 p.n	n. should be				
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	ired			
	to delete under FCC rules										
	was substituted for prograr	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in				
	effect on October 19, 1976	•									
			WHE	N SUBST	ITUTE						
	S	UBSTITUT	E PROGRAM	1	CARRI	RIAGE OCCURRED 7. REASO					
	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			
		100 01 110	ONEL OIGH		THE BITT	Triom	10				
							_				
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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 00425							
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 from subscribers for secondary transmission service(s) 4 during the accounting period. 5 IMPORTANT: You must complete a statement in space P concerning gross receipts. 4							
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 \$ 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							
	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							
	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							
	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							
	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 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# 004254
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	7
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 SARAH BOGUE Telephone	(903) 579-3121
Information	Address 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 (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 ov 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 fling, a determination that would be made by a court of law.

unting Period: 2019/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00425
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below \$	
Name Mailing Address	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 Address	
ID number First community served	
Accounting period	

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