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	=NT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
-		ansmissions by	DATE RECEIVED	AMOUNT					
Cable Syste					<u>coplicsoa@copyright.gov</u>				
				\$	For additional information, contact the U.S. Copyright				
General instru			02/28/2020		Office Licensing Division at: Tel: (202) 707-8150				
in the first tab	of this	workbook		ALLOCATION NUMBER	-				
Α	4000		W THE STATEMENT. (V)	(VVV//Doriod))					
	ACC	OUNTING PERIOD COVERED E		r r r/(Period))					
			l						
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20192	Barcode Data Filing Period (optiona	I - see instructions)					
Accounting									
Period									
		Instructions:							
В		of the subsidiary, not that of the parent co		idiary of another corporation, give the full cor	porate title				
Owner		List any other name or names under which	the owner conducts the business of t	he 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							
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	004256				
		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		, <b>o</b>		ntify the business and operation of the e system, if different from the address	,				
System	hamo	IDENTIFICATION OF CABLE SYSTEM:							
	1	BURKBURNETT, TX							
		MAILING ADDRESS OF CABLE SYSTEM							
	2	(Number, street, rural route, apartment, or suite nu	Imberi						
			·····,						
	<u> </u>	(City, town, state, zip code)							
Privacy Act Notic	e: Section	n 111 of title 17 of the United States Code aut	horizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	sted on this				
-				trace an individual, such as name, address an					

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.

U.S. Copyright Office

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	CEQUEL COMMUNICATIONS LLC	00425						
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known						
	Note: Entities and properties such as hotels, apartments, condominiums, or m							
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	BURKBURNETT	ТХ						
Community	IOWA PARK	ТХ						
dd Rows as Necessary								

								FORM SA1	-			
Name	LEGAL NAME OF OWNER OF C/	SYSTEM ID										
	CEQUEL COMMUNICATIONS LLC 0042											
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES											
E	In General: The information in s	•		-		•						
	system, that is, the retransmission											
Secondary Transmission	about other services (including particular to a service of the accounting period						those exis	ting 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	npute the number	er of subso	ribers 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). <b>Rate:</b> 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 should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the											
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the 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 sufficient.	and rates, in th	e right-n	and block. A tw	vo- or thre	e-word descript	ion of the	service is				
		DCK 1					BLOC	< 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:	CODCOLUD	LIKO	TUTE	0/11		(IIIOE	COBCOLUBEITO	TUTE			
	Service to first set		793	34.99								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		40	34.99								
	Converter											
	Residential											
	Non-residential											
			I									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	S							
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	nit in which it is	usually	billed. If any ra	ites are cl	narged on a vari	able per-p	rogram basis,				
Secondary	enter only the letters "PP" in the											
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.											
Nates	<b>Block 2:</b> 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	CATEG	ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	tion: Non-resi	dential							
	• Pay cable	19.00	• Mot	el, hotel								
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	• Cor	nmercial								
	- Fire protection		• Pay	cable								
	<ul> <li>Fire protection</li> </ul>		• Pay	cable-add'l ch	annel							
	•Burglar protection											
	•		• Fire	protection								
	•Burglar protection	99.00		protection glar protection								
	•Burglar protection Installation: Residential	99.00 25.00	• Bur	•								
	•Burglar protection Installation: Residential • First set		• Bur Other s	glar protection		40.00						
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec	glar protection		40.00						
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Bur Other s • Rec • Dise	glar protection services: connect		40.00						

	LEGAL NAME OF OWNER O	)F CABLE SYSTEM:		SYSTI						
Name	CEQUEL COMMUNIC	CATIONS LLC		00						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ansmitters: elevision	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), 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. 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 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 educat									
	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. LOC/									
	K44FI-1	44	E	WICHITA FALLS, TX						
	KAUZ-1	6	N	WICHITA FALLS, TX						
ows as Necessary	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
	KAUZ-HD1	6	N-M	WICHITA FALLS, TX						
	KFDX-1	3	Ν							
				WICHITA FALLS, TX						
	KFDX-3	3.3	I-M	WICHITA FALLS, TX						
		3.3								
	KFDX-3 KFDX-HD1		I-M	WICHITA FALLS, TX WICHITA FALLS, TX						
	KFDX-3 KFDX-HD1 KJBO-1	3 3	I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1	3 3 18	I-M N-M I I	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1	3 3 18 18	I-M N-M I I I I-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1	3 3 18 18 7	I-M N-M I I I I I-M N	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2	3 3 18 18 7 7 7.2	I-M N-M I I I-M N I-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2	3 3 18 18 7 7 7.2	I-M N-M I I I-M N I-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						
	KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-HD1	3 3 18 18 7 7 7.2 7	I-M N-M I I I I N N I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK						

LEGAL NAME OF								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 a For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	/ the sys be recei t the Co sign of e he statio on's sign 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 processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see par 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 Transmitter: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LE CION	7 401 01 1 101	C/D		OF ILLE OTOTA		0/D		

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.					004256
	SUBSTITUTE CARRIAG							
1		-	-					
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program	•••		•				
Carriage:		-			<u> </u>			
Special	<ol> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program</li> </ol>							
Statement and			ui cable system	in carry, on a substitute be	asis, any nom			
Program Log	broadcast by a distant sta	luon?				l	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	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Lise abbreviation	s wherever n	occibla ift	heir meaning	n ie
	clear. If you need more spa				s wherever p		inen meaning	y 15
				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
			adcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitute			le with the n	nonth
	first. Example: for May 7 gi		y when your sy		e program. Us	se numera	is, with the fi	nonun
			ie substitute pr	ogram was carried by you	r cable syste	m. List the	times accura	ately
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976					0		
						N SUBST		
	s	UBSTITUT	E PROGRAM	1	CARRI	7. REASON FOR		
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
1							-	

Accounting Period:	<b>2019/2</b> FORM SA1-2E	. PAGE 6.							
Name		EM ID#							
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)       during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.       \$ 211,71: (Amount of 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								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	_							
	1. Base amount under statutory formula								
	2. Enter amount of gross receipts from space K \$ 211,713.63								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K \$ 211,713.63								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)	8.14							
		0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	8.14							
	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 \$ 263,800.00								
	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) \$ 798.14								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 81	8.14							
	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# 004256
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	14 247
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	(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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>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)]</li> </ul>	system as identified vner 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.

	FORM SA1-2E. PAGE
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     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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.	
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<ul> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
<ul> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> <li>Owner</li> </ul>	

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.