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	ΞΝΤ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u> 	
Cable Syste	ems (S	Short Form)		\$	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	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))		
		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		Give the full legal name of the owner of th 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.		
				the last day of the accounting period should s	ubmit a	
		single statement of account and royalty fer				
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	060598	
		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	imbor)			
		(Number, street, rural route, apartment, or suite nu TYLER, TX 75701 (City, town, state, zip)	inder)			
С				ntify the business and operation of the e system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
	-	OSBURN, ID MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite nu	umber)			
		(City, town, state, zip code)				
Privacy Act Notice	e. Cootier	- 444 of title 47 of the United States Code out	having the Commistive Office to collect th	o personally identifying information (PII) reque	ated on this	

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								
Name	CEQUEL COMMUNICATIONS LLC	06059								
	Instructions: List each separate community served by the cable system. A "communi									
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li									
	as the "first community." Please use it as the first community on all future filings.	st will serve as a form of system identification hereafter know								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the								
Area	identified city.	one parks should be reported in parentneses below the								
Served										
	CITY OR TOWN	STATE								
First	OSBURN	ID								
Community	ELIZABETH PARK	ID								
	KELLOGG	ID								
Add Rows as Necessary	PINHURST	ID								
au nons as necessary	SMELTERVILLE	ID								
	WALLACE	ID								
	····									

		DI E 01/2						-	I-2E. PAGE		
Name	LEGAL NAME OF OWNER OF C/		SYSTEM ID								
	CEQUEL COMMUNICAT	IONS LLC							06059		
_	SECONDARY TRANSMISSION	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										
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-		Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondar	, y transmission	service.	In general, you	ı can com	pute the numbe	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). 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	ounts allowed	for adva	nce payment.							
	Block 1: In the left-hand block										
	systems most commonly provide that applies to your system. Not							0,			
	categories, that person or entity			-		-					
	subscriber who pays extra for ca						•				
	first set" and would be counted of							e			
	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.	,	5								
	BLC	DCK 1					BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		1,599	34.99							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		81	34.99							
	Converter										
	Residential										
	Non-residential										
								L			
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable sv:	stem's ser	vices that were			
F	not covered in space E, that is, t	•	,		-	• •					
	service for a single fee. There ar		,		0		0 (,			
Services	furnished at cost or (2) services										
Other Than Secondary	amount of the charge and the ur		usually	billed. If any rai	les are cr	larged 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	r		
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			tion: Non-resid	dential						
	• Pay cable	19.00		el, hotel							
	• Pay cable—add'l channel	19.00		nmercial							
	Fire protection		,	cable							
	•Burglar protection		,	cable-add'l cha	Innel						
	Installation: Residential	00.00		protection							
	First set	99.00		glar protection							
	Additional set(s) EM radio (if concrete rate)	25.00		ervices: onnect		40.00					
	 FM radio (if separate rate) Converter 					40.00					
			• DISC	onnect							
	-					25.00					
				et relocation e to new addre		25.00 99.00					

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTI 0						
Name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary nsmitters: 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), 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. 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" (noncommercial educational), or "E-M" (for noncommercial educational multica									
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	KAYU-1	28		4. LOCATION OF STATION SPOKANE, WA						
	KAYU-HD1	28	ı I-M	SPOKANE, WA						
	KHQ-1	6	<u>г-м</u>							
Rows as Necessary	A H1./-1			SPOKANE WA						
ows as Necessary				SPOKANE, WA						
ows as Necessary	KHQ-2	6.2	I-M	SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1	6.2 6	I-M N-M	SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1	6.2 6 2	I-M N-M N	SPOKANE, WA SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2	6.2 6 2 2.2	I-M N-M N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1	6.2 6 2 2.2 2	I-M N-M N I-M N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1	6.2 6 2 2.2 2 7	I-M N-M N I-M N-M E	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1	6.2 6 2 2.2 2 7 7 7	I-M N-M N I-M E E E-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1	6.2 6 2 2.2 2 7 7 7 12	I-M N-M N I-M E E E-M E	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1	6.2 6 2 2.2 2 7 7 7 7 12 4	I-M N-M N I-M E E E-M E N	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1 KXLY-HD1	6.2 6 2 2.2 2 7 7 7 7 12 4 4	I-M N-M N I-M E E E-M E N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1	6.2 6 2 2.2 2 7 7 7 7 12 4	I-M N-M N I-M E E E-M E N	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1 KXLY-HD1	6.2 6 2 2.2 2 7 7 7 7 12 4 4	I-M N-M N I-M E E E-M E N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1 KXLY-HD1	6.2 6 2 2.2 2 7 7 7 7 12 4 4	I-M N-M N I-M E E E-M E N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1 KXLY-HD1	6.2 6 2 2.2 2 7 7 7 7 12 4 4	I-M N-M N I-M E E E-M E N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1 KXLY-HD1	6.2 6 2 2.2 2 7 7 7 7 12 4 4	I-M N-M N I-M E E E-M E N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1 KXLY-HD1	6.2 6 2 2.2 2 7 7 7 7 12 4 4	I-M N-M N I-M E E E-M E N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1 KXLY-HD1	6.2 6 2 2.2 2 7 7 7 7 12 4 4	I-M N-M N I-M E E E-M E N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA						
ows as Necessary	KHQ-2 KHQ-HD1 KREM-1 KREM-2 KREM-HD1 KSPS-1 KSPS-HD1 KUID-1 KXLY-1 KXLY-HD1	6.2 6 2 2.2 2 7 7 7 7 12 4 4	I-M N-M N I-M E E E-M E N I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA						

LEGAL NAME OF								SYSTEM 060
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf 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 the statio ion's sign g a check n's locatio	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. n is AM or FM. hal was electronically processes a 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 pag ed by the cable s e station is licens	adend, and (2 nna, during ca 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 Transmitter Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1		[

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					060598			
	SUBSTITUTE CARRIAG		AL STATEME		iG						
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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
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			ui cable syster	in carry, on a substitute ba	515, any noni						
Program Log	broadcast by a distant sta	broadcast by a distant station?									
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must comp	plete the prog	Iram			
	log in block 2.										
	2. LOG OF SUBSTITUTI In General: List each subs			ato lino. Lico abbroviation	whorovor p	occiblo if t		n ie			
	clear. If you need more spa				s wherever p	ossible, II I	ineir meaning	J IS			
				vision program ("substitute	e program") ti	hat. durino	the account	ina			
	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	er "Yes." Otherwise enter '	"No."						
				asting the substitute progr							
				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										
	to the nearest five minutes			ogram was carried by you				ately			
	stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system from 0.01	i. 15 p.m. to d	.20.30 p.n					
		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				7. REASON FOR DELETION			
	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	THOM	10				
			+								
							_				
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							_				
							_				
							—				
1											

Accounting Period:	2019/2 FORM SA1-2E. PAGE 6								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CEQUEL COMMUNICATIONS LLC 060598								
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.								
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 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 \$ 366,174.99								
	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 \$ 2,342.75								
	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)								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,362.75								
	EFT Trace # or TRANSACTION ID #								
	<u>Important:</u> 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# 060598
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	14 213
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.)	(002) 570 2424
for Further Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zp)	(903) 579-3121
	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 X (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 DANNENBALIM	-
	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.

bunting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06059
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 Assessmen
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 \$ (interest charge)	
* 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	
ID number First community served	
Accounting period	

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