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	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)	27112112021125		<u>coplicsoa@copyright.gov</u>
-	ictions are located	02/28/2020	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	RV THIS STATEMENT: (V)	/VV/(Reriod))	
	ACCOUNTING PERIOD COVERED I	ST THIS STATEMENT. (T		
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20192	Barcode Data Filing Period (optional	- 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	-	diary of another corporation, give the full cor	porate title
Owner	List any other name or names under which	n the owner conducts the business of th	he cable system.	
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should s ing period.	ubmit a
	Check here if this is the system's first filing	: If not, enter the system's ID number a	assigned by the Licensing Division.	061696
	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 n	umber)		
	TYLER, TX 75701 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin			
	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the address	s given in space B.
System	1 CORRECTIONAL INDUSTR			
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
Privacy Act Notice	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ssted 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.

Name D Area Served First Community dd Rows as Necessary	CEQUEL COMMUNICATIONS LLC         Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 mobile hereidentified city.         CITY OR TOWN         PENDLETON         (CORRECTIONAL IND FAC)	nmunities within unincorporated areas and including single, It will serve as a form of system identification hereafter known
Area Served First Community	"a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 mobile he identified city. CITY OR TOWN PENDLETON (CORRECTIONAL IND FAC)	nmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known ome parks should be reported in parentheses below the STATE
Served First Community	identified city.  CITY OR TOWN  PENDLETON  (CORRECTIONAL IND FAC)	STATE
Community	PENDLETON (CORRECTIONAL IND FAC)	
Community	PENDLETON (CORRECTIONAL IND FAC)	
-	(CORRECTIONAL IND FAC)	
dd Rows as Necessary		
d Rows as Necessary		

	I									E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:							EM ID
Hume	CEQUEL COMMUNICAT	TIONS LLC							(	)6169
	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES					
E	In General: The information in s									
Secondary	system, that is, the retransmission about other services (including provide the services)									
Transmission	last day of the accounting period	, , ,	'		,			ing on the		
Service: Sub-	Number of Subscribers: Both						ole system	, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n							charged		
	separately for the particular serv Rate: Give the standard rate of							and the		
	unit in which it is generally billed								;	
	category, but do not include disc				,					
	Block 1: In the left-hand block			-		•				
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity									
	subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system	has rate catego	ories for	secondary tra	nsmission	service that are	different f	rom those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	vo- or thre	e-word descript	ion of the s	service is		
	sufficient.	OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF		NO. OF SUBSCRIBI		RATE
	Residential:	SOBSCIVID			UATI		(VIOL	SOBOCIAD		
	Service to first set		0	_						
	Service to additional set(s)		Ŭ	0						
	• FM radio (if separate rate)		Ŭ	Ŭ						
	Motel, hotel									
	Commercial		29	42.53						
	Converter		23	42.33						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for ra	•	,		-	• •			е	
Г	not covered in space E, that is, t									
Services	service for a single fee. There and furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.		-		-		0		
ransmissions:	Block 1: Give the standard rat									
		• •			-					
Rates	Block 2: List any services that		ie was n				vices in the	e ionn of a		
Rates	<b>Block 2:</b> List any services that listed in block 1 and for which a		•		sned. List	these other ser				
Rates	Block 2: List any services that		•		sned. List	these other ser				
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	ption and includ	de the ra	te for each.		•	0.475.0	BLOCK		DATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and includ	de the ra CK 1 CATEG	te for each. ORY OF SER	VICE	RATE	CATEGO	BLOCK DRY OF SER		RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and includ	de the ra CK 1 CATEG Installa	te for each. ORY OF SER tion: Non-res	VICE	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and includ	de the ra CK 1 CATEG Installa • Mot	te for each. ORY OF SER <b>tion: Non-res</b> el, hotel	VICE	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con	te for each. ORY OF SER <b>tion: Non-res</b> el, hotel mercial	VICE	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	VICE idential	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	VICE idential	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	VICE idential	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	VICE idential	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	VICE idential	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	VICE idential	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection glar protection ervices: onnect connect	VICE idential	•	CATEGO			RATE
Rates	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and includ	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	VICE idential annel	•	CATEGO			RATE

counting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		061696
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations o's call sign. <i>Do not</i> report origination I with a station according to its over-th	of (1) stations carried only on a part-ti he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFYI-1	20	E	INDIANAPOLIS, IN
	WHMB-1	40		INDIANAPOLIS, IN
ows as Necessary	WISH-1	8		INDIANAPOLIS, IN
s as necessary	WNDY-1	23	•	INDIANAPOLIS, IN
	WRTV-1	6	N	INDIANAPOLIS, IN
	WTHR-1	13	N	INDIANAPOLIS, IN
	WTTV-1	4	N	INDIANAPOLIS, IN
	WXIN-1		N	INDIANAPOLIS, IN

EGAL NAME OF								SYSTEM 061
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether t the radio stat this by placing	y the sys be recein t the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 mna, during ca ge (v) of the g ystem as a se	) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Mexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061696
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I I	In General: In space I, ident	-	-			tion that vo	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network te <u>l</u>	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
	-		reat of this no	an blank If your analyses i	- "Vee " veu	-	-	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer is	s res, you	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI							
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle ift	heir meanin	n is
	clear. If you need more spa				5 Wherever p	0001010, 11 1		<b>y</b> 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			erball. List specific progra		skample, i	LOVE LUCY	01
	_		dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls with the r	nonth
	first. Example: for May 7 gi		when your sy		s program. O			nontin
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m	i. should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far prog	romming the	t vour over	m waa ragi	urad
	to delete under FCC rules			n was substituted for prog luring the accounting perio				
	was substituted for program							ogram
	effect on October 19, 1976		, ,	·		0		
	e		E PROGRAM	A		N SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
							_	
					·			
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 061696
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, se	<sup>7</sup> ,380.04
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 • 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.	\$263,80(	
	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 t accounting period is \$52.00	his six-month	
	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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula         \$         263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		<u>1,319.00</u> 0.00	
	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 #	[	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061696
<b>M</b> 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 .	8
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address     3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)       TYLER, TX 75701 (City, town, state, zip)       Email     SARAH.BOGUE@ALTICEUSA.COM   Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <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 ov 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 hereia 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> 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)	system as identified vner of the cable system
	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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06169
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mame       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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessmen
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