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

Return completed workbook

	OF ACCOUNT			
ary Ira	ansmissions by	DATE RECEIVED	AMOUNT	
ictions	are located	02/28/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.go</u> For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
ACC		BY THIS STATEMENT: (Y	YYY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20192	Barcode Data Filing Period (optiona	II - see instructions)	
	-	•	idiary of another corporation, give the full c	orporate title
	List any other name or names under which	h the owner conducts the business of t	the cable system.	
				l submit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	063457
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Γ)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		umber)		
	TYLER, TX 75701 (City, town, state, zip)			
INSTR name:	RUCTIONS: In line 1, give any busin s already appear in space B. In line	less or trade names used to ide 2, give the mailing address of th	ntify the business and operation of the system, if different from the addre	ne system unless these ss given in space B.
	IDENTIFICATION OF CABLE SYSTEM:			
-				
	MAILING ADDRESS OF CABLE SYSTEM	l:		
2	(Number, street, rural route, apartment, or suite n	umber)		
1				
1	ACC	2019/2 20192 20192 Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent col List any other name or names under which If there were different owners during the single statement of account and royalty for Check here if this is the system's first filling Check here if this is the system's first filling CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite r TYLER, TX 75701 (City, town, state, zip) INSTRUCTIONS: In line 1, give any busing names already appear in space B. In line 1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MEHERRIN MECKLENBUR MAILING ADDRESS OF CABLE SYSTEM MAILING ADDRESS OF CABLE SYSTEM	Instructions 02/28/2020 ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Y 2019/2 Period 1 = January 1 - June 30 2019/2 Period 1 = January 1 - June 30 20192 Barcode Data Filing Period (optional context) Give the full legal name of the owner of the cable system. If the owner is a subs of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of if there were different owners during the accounting period, only the owner on single statement of account and royalty fee payment covering the entire accourt check here if this is the system's first filing. If not, enter the system's ID number LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM GUDENLINK 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 (NSTRUCTIONS: In line 1, give any business or trade names used to ide names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing add	Incluions are located 02/28/2020 \$ ALLOCATION NUMBER ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Z019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Z019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Z019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Z019/2 Barcode Data Filing Period (optional - see instructions) Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full of the parent corporation. 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 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. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM 3015 S SE LOOP 323 Multimode, commend, or a sube number) TVLER, TX 75701 TOWNER, State System: 1 DEVIFICATION OF CABLE SYSTEM:

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	06345
_	Instructions: List each separate community served by the cable system. A "commun"	
D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	ist will serve as a form of system identification hereafter know
_	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	BOYDTON	VA
Community	(MEHERRIN MECKLENBURG)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								SA1-2E. PAG
Name								5	0634
Е	SECONDARY TRANSMISSION							h	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							g	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv		,	0 , (,	charged	
	Rate: Give the standard rate of							e 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. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, the number of subscribers						,.		
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-nand	I DIOCK. A IW	o- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBER	s RAT
	Residential:	CODCONID			0/11		(WICE	CODOCINIDEIN	
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		4	42.53					
	Converter		-						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSIC	NS: RATES					
F	In General: Space F calls for ra	te (not subscril	per) informa	tion with res	pect to a	ll your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services		,				0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		uouunj zn			alged en a ran	anie hei h	ogram baolo,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descri				nea. List	these other ser	vices in the	e form of a	
				or each.			1		
		BLO				RATE		BLOCK 2	
							CATEGO	DRY OF SERVIC	CE RAT
	CATEGORY OF SERVICE	RATE		Y OF SERV		TVTE			
	Continuing Services:	RATE	Installatio	n: Non-resid		IUTE			
	Continuing Services: • Pay cable	RATE	Installatio • Motel,	n: Non-resid notel					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE -	• Motel, • Commo	n: Non-resid notel ercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	 Installatio Motel, Common Pay ca 	n: Non-resid notel ercial ble	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installatio • Motel, • Comme • Pay ca • Pay ca	n: Non-resid notel ercial ble ble-add'l cha	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installatio • Motel, • Comme • Pay ca • Pay ca • Fire pre	n: Non-resid notel ercial ble ble-add'l cha otection	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installatio • Motel, • Commu • Pay ca • Pay ca • Fay ca • Fire pro • Burglau	n: Non-resid notel ercial ble ble-add'I cha btection r protection	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pro • Burglan Other serv	n: Non-resid notel ercial ble ble-add'I cha btection r protection rices:	dential				
	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)	RATE	Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pro • Burglan Other serv • Reconn	n: Non-resid notel ercial ble ble-add'l cha btection r protection rices: nect	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installatio • Motel, i • Commu- • Pay ca • Pay ca • Fire pro • Burglan Other serv • Reconn • Discon	n: Non-resid notel ercial ble ble-add'I cha otection protection rices: nect nect	dential				
	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)	RATE	Installatio • Motel, • Comme • Pay ca • Pay ca • Fire pro • Burglan Other serv • Reconn • Discon • Outlet	n: Non-resid notel ercial ble ble-add'l cha btection r protection rices: nect	Jential				

counting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	CEQUEL COMMUNIC	ATIONS LLC		063457
	PRIMARY TRANSMITTERS:	TELEVISION		
G	•	ntify every television station (including	•	,
U		n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t		
imary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6	а	•
smitters: evision		s explained in the next paragraph. : With respect to any distant stations c	arried by your cable system on a sub	stitute program
		lles, regulations, or authorizations:	he Special Statement and Drogram I	es) if the
	station was carried only on	e in space G—but do list it in space I (t a substitute basis.	ne Special Statement and Program L	
		also in space I, if the station was carrie		
		n concerning substitute basis stations s call sign. <i>Do not</i> report origination		
		I with a station according to its over-th	e-air designation. For example, repo	rt multistream
	"WETA-2" as the same on t Column 2: Give the channed	ne form. el number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station on independent station or a	noncommercial
		ring the letter "N" (for network), "N-M"	•	
		"E" (for noncommercial educational),		nal multicast).
		rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis		s licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	he community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WNCN-1	17	N	GOLDSBORO, NC
	WRAL-1	48	Ν	RALEIGH, NC
lecessary	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	Ν	DURHAM, NC
	WUNP-1	36	Е	ROANOKE RAPIDS, NC

all-band basis w Special Instruct receivable if (1) i on the basis of m For detailed info paper SA1-2 for Column 1: Ide Column 2: St Column 3: If i signal, indicate t Column 4: Gi	every radio si hose signals of tions Concer it is carried by nonitoring, to rmation about m. entify the call tate whether the the radio statii his by placing ive the station	tation ca were get rning AI / the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio s, if any,	arried on a separate and discre- nerally receivable by your cab II-Band FM Carriage: Under C stem whenever it is received at ived 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 the the community with which the	le system during Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	the accountin egulations, an adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC	g perioc FM sigi !) it can ertain st eneral ii eparate a	I. nal is generally be expected, ated intervals. nstructions in the. and discrete	H Primary Transmitters Radio
receivable if (1) i on the basis of n For detailed info paper SA1-2 forr Column 1: Id Column 2: St Column 3: If i signal, indicate t Column 4: Gi Mexican or Cana	it is carried by nonitoring, to rmation about m. entify the call tate whether the the radio stati his by placing ive the stations	y the sys be recei t the Co sign of e he statio ion's sign a check n's locatio s, if any,	stem whenever it is received a ived 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 this point, see pa ed by the cable s le station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Transmitters
CALL SIGN	AM or FM							
	7 411 61 111	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		OF ILLE OTOTA	7 111 01 1 111	0,12		

Accounting Perio	od: 2019/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063457
	SUBSTITUTE CARRIAG							
1		-	-			4		4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				J			
Special	During the accounting per	-				notwork tolo	vision prog	rom
Statement and		-	ui cable syster	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	ete the prog	gram
	log in block 2.				-			
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			he FCC or,	IN
				stem carried the substitute			, with the r	nonth
	first. Example: for May 7 gi				, program o		,	
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m.	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 ovotor		irod
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,	ı		5		
								-
						N SUBSTI		
	S		E PROGRAM		-	AGE OCCL		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	FROM -	- TO	
							-	
						-	_	
						_	_	
							- 	
						-	_	
						_	-	
							- 	
						-		
						-	_	
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1			 	 		+		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063457
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	,000.35
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 accounting period is \$52.00	this 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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula	,	
	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 \$ 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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 #	Ι	
	Important: 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 me		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063457
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	5 26
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) 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 on 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 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)] There 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)	B; or system as identified wner 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. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0634
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	
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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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 Assessme
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 Assessme
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