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

TOF ACCOUNT Transmissions by s (Short Form) ons are located his workbook CCOUNTING PERIOD COVERED E	DATE RECEIVED 02/28/2020 BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	AMOUNT  \$ ALLOCATION NUMBER  YYY/(Period))  Period 2 = July 1 - December 31	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
ons are located his workbook CCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at:
2019/2	1		_
	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
20192			
	Barcode Data Filing Period (option	al - see instructions)	
of the subsidiary, not that of the parent co	prporation.		rporate title
If there were different owners during the	accounting period, only the owner or	the last day of the accounting period should s	
Check here if this is the system's first filing	s. If not, enter the system's ID numbe	r assigned by the Licensing Division.	063625
LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM	I	
CEQUEL COMMUNICATIONS LLC			
BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Г)	
SUDDENLINK COMMUNICATIONS			
MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
3015 S SE LOOP 323	umber)		
TYLER, TX 75701			
	ess or trade names used to ide	ntify the business and operation of the	e system unless these
1 IDENTIFICATION OF CABLE SYSTEM:			
	:		
2 (Number, street, rural route, apartment, or suite n	umber)		
(City, town, state, zip code)			
	Give the full legal name of the owner of th of the subsidiary, not that of the parent co List any other name or names under which if there were different owners during the single statement of account and royalty fe Check here if this is the system's first filing LEGAL NAME OF OWNER/MAILING 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 n TYLER, TX 75701 (City, town, state, zip) STRUCTIONS: In line 1, give any busin mes already appear in space B. In line 2 LASALLE COUNTY JAIL MAILING ADDRESS OF CABLE SYSTEM LASALLE COUNTY JAIL	Give the full legal name of the owner of the cable system. If the owner is a sub- 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 accound 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 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 number) TYLER, TX 75701 (City, town, state, zip) STRUCTIONS: In line 1, give any business or trade names used to ide mes already appear in space B. In line 2, give the mailing address of the LASALLE COUNTY JAIL MAILING ADDRESS OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full color of the subsidiary, not that 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 (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 [City, town, state, zp) STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the address of the subscience of CABLE SYSTEM: LASALLE COUNTY JAIL MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 [City, town, state, zp)

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 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	06362
	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 lis	
	as the "first community." Please use it as the first community on all future filings.	a win serve as a form of system identification herearter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	OTTOWA	IL
Community	(LASALLE COUNTY JAIL)	
dd Rows as Necessary		

	1								SA1-2E.	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					S	YSTE	
	CEQUEL COMMUNICAT	TIONS LLC							06	362
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBE	RS AND RATES	S					
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	, , ,	,		,		LIIUSE EXIS			
Service: Sub-	Number of Subscribers: Both						ble system	n, broken		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n			0,0				s charged		
	separately for the particular serv Rate: Give the standard rate of							ge 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 categ	ories for see	ondary transmi	ssion s	ervice that are	e different i	from those		
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in th	e right-hanc	block. A two- o	or three-	word descript	ion of the	service is		
		DCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATEG	SORY OF SEI		NO. OF SUBSCRIBEF		RATE
	Residential:	SUBSCIE			CAILC		(VICL	SOBSCRIBE	10	V-11
	Service to first set		0	_						
	Service to additional set(s)		0	0						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		15	42.53						
	Converter			42.33						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES						
F	In General: Space F calls for ra	•	,							
I	not covered in space E, that is, t									
Services	service for a single fee. There al furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		·			-		-		
ransmissions:	Block 1: Give the standard rate									
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-				
	brief (two- or three-word) descrip		,		. LISU (					
	CATEGORY OF SERVICE	BLO RATE		Y OF SERVICE	- T	RATE	CATEC	BLOCK 2 ORY OF SERV		RATE
	Continuing Services:	NATE		1: Non-resident		NATE	CATEG	JRT OF SERV		VATE
	Pay cable	_	• Motel, I							
	i ay cabio	_	• Comme							
	• Pay cable—add'l channel		• Pay cal							
	Pay cable—add'l channel     Fire protection	-								
	Fire protection	-			-l					
	Fire protection     Burglar protection		• Pay ca	ole-add'l channe	əl					
	Fire protection     Burglar protection Installation: Residential		• Pay cal • Fire pro	ble-add'l channe tection	el					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	-	• Pay cal • Fire pro • Burglar	ble-add'l channe tection protection	el					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay cal • Fire pro • Burglar Other serv	ble-add'l channe itection protection <b>ices:</b>	el					
	<ul> <li>Fire protection</li> <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>		• Pay cal • Fire pro • Burglar Other serv • Reconr	ole-add'l channe otection protection <b>ices:</b> lect	el	-				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay cal • Fire pro • Burglar <b>Other serv</b> • Reconr • Discon	ole-add'l channe tection protection <b>ices:</b> nect	el	······································				
	<ul> <li>Fire protection</li> <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>		• Pay cal • Fire pro • Burglar Other serv • Reconr • Disconi • Outlet r	ole-add'l channe otection protection <b>ices:</b> lect	el	······				

carried by your cable system 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 rul Do <i>not</i> list the station here station was carried <i>only</i> on a List the station here, and al basis. For further information <b>Column 1:</b> List each station multicast stream associated WETA-2" as the same on the <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ATIONS LLC TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th ()(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: e 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, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 31(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram 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 indepe 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 the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
PRIMARY TRANSMITTERS: In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul Do <i>not</i> list the station here station was carried <i>only</i> on a List the station here, and al basis. For further information Column 1: List each station nulticast stream associated WETA-2" as the same on the Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WBBM-1	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: e in space G—but do list it in space I (ta a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p (s' call sign. <i>Do not</i> report origination, le number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of ta <b>2</b>	t (1) stations carried only on a part-tin the carriage of certain network progra 31(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L d 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 station, an independent station, or a (for network multicast), "I" (for independent the community to which the station is the community with which the station <b>3. TYPE OF STATION</b>	evision stations) me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION CHICAGO, IL
n General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul Do not list the station here station was carried only on a List the station here, and a pasis. For further information Column 1: List each station <sup>1</sup> nulticast stream associated WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. It with respect to any distant stations can les, regulations, or authorizations: is in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, it's call sign. <i>Do not</i> report origination p I with a station according to its over-the he form. It with a station for U.S. stations, list dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	t (1) stations carried only on a part-tin the carriage of certain network progra 31(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L d 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 station, an independent station, or a (for network multicast), "I" (for independent the community to which the station is the community with which the station <b>3. TYPE OF STATION</b>	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION CHICAGO, IL
Arried by your cable system 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 rul Do <i>not</i> list the station here station was carried <i>only</i> on a List the station here, and al basis. For further information <b>Column 1:</b> List each station multicast stream associated WETA-2" as the same on the <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> <b>NBBM-1</b>	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- les, regulations, or authorizations: e 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, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t <b>2. B'CAST CHANNEL NUMBER</b>	t (1) stations carried only on a part-tin the carriage of certain network progra 31(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L d 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 station, an independent station, or a (for network multicast), "I" (for independent the community to which the station is the community with which the station <b>3. TYPE OF STATION</b>	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION CHICAGO, IL
1. CALL SIGN WBBM-1	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION CHICAGO, IL
		N	
	<u> </u>	-	
NLS-1	7	N	CHICAGO, IL
			CHICAGO, IL
	VLS-1 VMAQ-1		

EGAL NAME OF								SYSTEM 063
	t every radio s	station ca	arried on a separate and discr 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: If ignal, indicate	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	II-Band FM Carriage: Under C 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.	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in	the case of	
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.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063625
	SUBSTITUTE CARRIAG							
	In General: In space I, ident	-	-			tion that w		tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
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 tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this pa	age blank. If vour answer i	s "Yes " vou i	must comp	lete the proc	
	log in block 2.			go blank. If your another i	o 100, jour	indet oomp		jian
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa					l	41	·
	period, was broadcast by a			vision program ("substitut our cable system substitu				
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (	the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitute			le with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numera		nonun
	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 <sup>-</sup>	1:15 p.m. to 6	6:28:30 p.m	i. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	e listed program	n was substituted for prog	ramming tha	t vour svste	em was <i>rea</i> u	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regul	ations in	
	effect on October 19, 1976	•						
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
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							_	
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							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Haine	CEQUEL COMMUNICATIONS LLC		063625
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	,870.00
	COPYRIGHT ROYALTY FEE		
L 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	-	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		
		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 Due	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 #	[	
	<u>Important:</u> 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 S CEQUEL COMMUNICATIONS L		SYSTEM ID# 063625
<b>M</b> Channels	<ul><li>to its subscribers, and (2) the cable a</li><li>1. Enter the total number of channel system carried television broadcas</li><li>2. Enter the total number of activate on which the cable system carried</li></ul>	t stations	4 20
N Individual to Be Contacted	we can contact about this statement		
for Further Information	Name         SARAH BOG           Address         3015 S SE LC (Number, street, rural)		(903) 579-3121
	City, town, state, zip		
O Certification	<ul> <li>I, the undersigned, hereby certify that (Owner other than corport (Agent of owner other that in line 1 of space B and X (Officer or partner) I am in line 1 of space B.</li> <li>I have examined the statement of additional content of additional cont</li></ul>	ccount must be certified and signed in accordance with Copyright Office regulations)         t (Check one, but only one, of the boxes.)         ation or partnership) I am the owner of the cable system as identified in line 1 of space I         an corporation or partnership) I am the duly authorized agent of the owner of the cable s         I that the owner is not a corporation or partnership; or         an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow         count and hereby declare under penalty of law that all statements of fact contained herein         best of my knowledge, information, and belief, and are made in good faith.         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)	system as identified mer of the cable system
	Typed Title:	or printed name: ALAN DANNENBAUM 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.

counting Period: 2019/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06362
<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     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
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