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.

ATEMENT OF ACCOUNT

SA1-2E Short Form

by email to:

Return completed workbook

SIAIEW	IENT OF ACCOUNT			,
for Second	lary Transmissions by	DATE RECEIVED	AMOUNT	
	ems (Short Form)			<u>coplicsoa@copyright.go</u>
•	, , , , , , , , , , , , , , , , , , ,		\$	For additional information,
eneral instr	ructions are located	9/1/2020		contact the U.S. Copyright Office Licensing Division a
	o of this workbook	3/ 1/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
			ALLOCATION NOMBER	_
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020/2			
	2020	D1 Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:			
В	Give the full legal name of the owner of of the subsidiary, not that of the parent	-	diary of another corporation, give the full co	orporate title
_				
Owner	List any other name or names under wh	ich the owner conducts the business of the bus	he cable system.	
	_		he last day of the accounting period should	submit a
	single statement of account and royalty	fee payment covering the entire account	ing period.	060289
	Check here if this is the system's first file	ing. If not, enter the system's ID number	assigned by the Licensing Division.	000285
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFERENT)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O			
	3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite	e number)		
	TYLER, TX 75701			
	(City, town, state, zip)	incoa ar trada namaa yaad ta idar	tify the hypinese and exerction of th	a avetem unless these
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin			
System	IDENTIFICATION OF CABLE SYSTEM:		•	
	¹ MONTEREY, CA			
	MAILING ADDRESS OF CABLE SYSTE	EM:		
	2 (Number, street, rural route, apartment, or suite	e number)		

FOR COPYRIGHT OFFICE LISE ONLY

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 suffciency of the fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	060289
D	Instructions: List each separate community served by the cable system. A "communi "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.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	MONTEREY	CA
Community	CSU-MONTEREY BAY	СА
	POM	CA
dd Rows as Necessary	PRESIDIO	CA
	SPECIAL MILITARY ACCT	СА

	1							-	SA1-2E	-
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						S	YSTE	
	CEQUEL COMMUNICAT	TIONS LLC							06	6028
F	SECONDARY TRANSMISSION									
Ε	In General: The information in s									
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission	last day of the accounting period	, , ,	,		,					
Service: Sub-	Number of Subscribers: Bot						ble system	, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n separately for the particular server			•••				charged		
	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	• •		0		,				
	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, t with the number of subscribers a					,		, 0		
	sufficient.		e ngin-nai							
ŀ	BL	OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBEI	รร	RATE
	Residential:									
	Service to first set		269	34.99						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		8	45.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra		,		•					
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services	•			•		• •			
Other Than	amount of the charge and the ur		usually b	lled. If any ra	ites are cl	harged on a vari	able per-p	rogram basis,		
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		ho coblo i	watom for or	ch of the	applicable convi	oog ligtod			
ransmissions: Rates	Block 2: List any services that							were not		
	listed in block 1 and for which a									
	listed in block i and for which a			ac or colubi	onica. List	inese otner ser				
	brief (two- or three-word) descrip	ption and includ	le the rate			inese other ser				
		otion and includ				these other ser		BLOCK	2	
	brief (two- or three-word) descrip CATEGORY OF SERVICE		CK 1			RATE	CATEG	BLOCK 2		RATE
	brief (two- or three-word) descrip	BLO	CK 1 CATEGC	e for each.	VICE		CATEG			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CK 1 CATEGC	e for each. RY OF SER on: Non-res	VICE		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOO RATE	CK 1 CATEGC Installati	e for each. RY OF SER on: Non-res	VICE		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE 17.00	CK 1 CATEGC Installati • Motel	e for each. RY OF SER on: Non-res , hotel nercial	VICE		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE 17.00	CK 1 CATEGC Installati • Motel • Comr • Pay c	e for each. RY OF SER on: Non-res , hotel nercial	VICE idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE 17.00	CK 1 CATEGC Installati • Motel • Comr • Pay c	e for each. RY OF SER on: Non-res , hotel nercial able	VICE idential		CATEG			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	BLOC RATE 17.00	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c	e for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch	VICE idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE 17.00 19.00 99.00	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c	RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection	VICE idential		CATEGO			RATE
	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	BLOO RATE 17.00 19.00 99.00	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl	e for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices:	VICE idential		CATEGO			RATE
	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)	BLOO RATE 17.00 19.00 99.00	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se	e for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect	VICE idential	RATE	CATEGO			RATE
	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)	BLOO RATE 17.00 19.00 99.00	CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	e for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect	VICE idential	RATE	CATEGO			RATE

	2020/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM II
	CEQUEL COMMUNIC	ATIONS LLC		06028
R Primary ansmitters: Γelevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	TELEVISION entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain si rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- ogram services such as HBO, ES air designation. For example, re- rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form.	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
		2. B'CAST CHANNEL NUMBER		
	KCBA-1	35	l	SALINAS, CA
	KCBA-HD1	35	I-M	SALINAS, CA
lows as Necessary	KICU-1	36	I	SAN JOSE, CA
	KION-1	46	N	MONTEREY, CA
	KION-2	46.2	I-M	MONTEREY, CA
	KION-HD1	46	N-M	MONTEREY, CA
	KMUV(KION)-1	11	I	MONTEREY, CA
	KMUV(KION)-1 KQED-1	<u>11</u> 9	l E	
				MONTEREY, CA
	KQED-1	9	E	MONTEREY, CA SAN FRANCISCO, CA
	KQED-1 KQED-2	9 9.2	E E-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA
	KQED-1 KQED-2 KQED-HD1	9 9.2 9	E E-M E-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1	9 9.2 9 8	E E-M E-M N	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2	9 9.2 9 8 8.2	E E-M E-M N N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1	9 9.2 9 8 8.2 8	E E-M E-M N N N-M N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9 9.2 9 8 8.2 8 8.2 8.2	E E-M E-M N N-M N-M N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9 9.2 9 8 8.2 8 8.2 8.2	E E-M E-M N N-M N-M N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9 9.2 9 8 8.2 8 8.2 8.2	E E-M E-M N N-M N-M N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9 9.2 9 8 8.2 8 8.2 8.2	E E-M E-M N N-M N-M N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9 9.2 9 8 8.2 8 8.2 8 8.2	E E-M E-M N N-M N-M N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9 9.2 9 8 8.2 8 8.2 8 8.2	E E-M E-M N N-M N-M N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-1 KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9 9.2 9 8 8.2 8 8.2 8 8.2	E E-M E-M N N-M N-M N-M	MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA

LEGAL NAME OF								SYSTEM 060
	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 For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	I-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. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LE CION		0,D		ON LEE OTOTA		0,B		
							·	
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					060289
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	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	st 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	 During the accounting per 	riod, did you	ur cable syste	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	rest of this na	age blank. If your answer i	s "Ves " vouu	- must.comp	-	
				ige blank. If your answer i	3 103, your	inusi comp		gram
	log in block 2. 2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa	ace, please	add additiona	I rows to the tables.				-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		o oubotituto pr	ogram was corriad by you	r aabla avata	m list the	timos coour	ataly
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				atery
	stated as "6:00-6:30 p.m."				·			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regul		
	c		E PROGRAM	Λ		N SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	T		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
							<u> </u>	"
							<u> </u>	
							_	
								"
							_	
								
							_	
							_	
								+
							_	
								1
								+
								+
							_	
1		1	1	1		1		1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 060289
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	,310.04
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	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		
	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)		
	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 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 #	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 more than the the second		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060289
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	15 448
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 RODNEY HASKINS Telephone	(903) 579-3152
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	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 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 herein 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)] 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:	system as identified /ner of the cable system
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06028
 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 Name Mailing Address Mailing Address	
INTEREST ASSESSMENT 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
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