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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
9/1/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	1							
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20201 Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
		nstructions:						
В	G	istructions: Sive the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title If the subsidiary, not that of the parent corporation.						
Owner	Li	ist any other name or names under which the owner conducts the business of the cable system.						
		f there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ingle statement of account and royalty fee payment covering the entire accounting period.						
	С	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)							
	s	SUDDENLINK COMMUNICATIONS						
	N	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		3015 S SE LOOP 323 Vumber, street, rural route, apartment, or suite number)						
		TYLER, TX 75701						
	(0	City, town, state, zip)						
С		ICTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	4 10	DENTIFICATION OF CABLE SYSTEM:						
	1 0	OSBURN, ID						
	N	MAILING ADDRESS OF CABLE SYSTEM:						
	2							
	2 (Number, street, rural route, apartment, or suite number)						
	(0	City, town, state, zip code)						

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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	06059
	Instructions: List each separate community served by the cable system. A "commur	ity" is the same as a "community unit" as defined in FCC rules
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 fillings.	ist will serve as a form of system identification hereafter know
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	OSBURN	D
ommunity	ELIZABETH PARK	ID.
	KELLOGG	ID ID
Rows as Necessary	PINHURST	ID
	SMELTERVILLE	ID
	WALLACE	ID
		1

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

CEQUEL COMMUNICATIONS LLC

48TEM ID# 060598

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,528	34.99				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	71	45.95				
Converter						
Residential						
Non-residential						
		I		1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel			
 Pay cable—add'l channel 	19.00	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
Additional set(s)	25.00	Other services:			
 FM radio (if separate rate) 		Reconnect	40.00		
• Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 060598

CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAYU-1	28	l	SPOKANE, WA
KAYU-HD1	28	I-M	SPOKANE, WA
KHQ-1	6	N	SPOKANE, WA
KHQ-2	6.2	I-M	SPOKANE, WA
KHQ-HD1	6	N-M	SPOKANE, WA
KREM-1	2	N	SPOKANE, WA
KREM-2	2.2	I-M	SPOKANE, WA
KREM-HD1	2	N-M	SPOKANE, WA
KSPS-1	7	E	SPOKANE, WA
KSPS-HD1	7	E-M	SPOKANE, WA
KUID-1	12	E	MOSCOW, ID
KXLY-1	4	N	SPOKANE, WA
KXLY-HD1	4	I-M	SPOKANE, WA
KXLY-HD2	4.2	N-M	SPOKANE, WA

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 060598

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
	 						
	 						
	 						
	 						
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

eral: In space I, ider ute basis during the ation of the programs CIAL STATEMEN g the accounting per east by a distant state of your answer is "N colock 2. G OF SUBSTITUT eral: List each sub- f you need more sp umn 1: Give the title	ATIONS L GE: SPECIA Intify every no accounting p ming that mu NT CONCER eriod, did you ation? o", leave the Stitute progra	AL STATEME nnetwork televi- period, under sp list be included RNING SUBS ur cable system	ENT AND PROGRAM LO ision program, broadcast by secific present and former F in this log, see page (v) of t TITUTE CARRIAGE on carry, on a substitute ba	/ a distant sta FCC rules, reg he general in:	tion, that your cable julations, or authoriza structions in the pape	tions. For a further er SA1-2 form.	
eral: In space I, ider ute basis during the ation of the programs CIAL STATEMEN g the accounting per east by a distant state of your answer is "N colock 2. G OF SUBSTITUT eral: List each sub- f you need more sp umn 1: Give the title	ntify every no accounting p ming that mu NT CONCEFeriod, did you ation? o", leave the Stitute prografitute prografitute prografice.	ennetwork televion and the specific structure of the series of this part of the series of t	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute bases	/ a distant sta FCC rules, reg he general in:	pulations, or authorizations in the paper	tions. For a further er SA1-2 form.	
ollock 2. G OF SUBSTITUT eral: List each substitut f you need more sp umn 1: Give the title	E PROGRA	<u> </u>	age blank. If your answer i			NO	
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							
effect on October 19, 1976.					WHEN SUBSTITUTE		
TLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES	7. REASON FOR DELETION	
uranin da	use general categoral cate	use general categories like "masketball: 76ers vs. Bulls." mn 2: If the program was broamn 3: Give the call sign of the mn 4: Give the broadcast static of Mexican or Canadian static or Mexican or Canadian static or Mexican or Canadian static or Canadian stati	use general categories like "movies" or "bask asketball: 76ers vs. Bulls." mn 2: If the program was broadcast live, ent mn 3: Give the call sign of the station broadcann 4: Give the broadcast station's location ('e of Mexican or Canadian stations, if any, the mn 5: Give the month and day when your sy ample: for May 7 give "5/7." mn 6: State the times when the substitute preserest five minutes. Example: a program car s "6:00—6:30 p.m." mn 7: Enter the letter "R" if the listed program are under FCC rules and regulations in effect of stituted for programming that your system with October 19, 1976. SUBSTITUTE PROGRAM LE OF PROGRAM 2. LIVE? 3. STATION'S	use general categories like "movies" or "basketball." List specific programsketball: 76ers vs. Bulls." mn 2: If the program was broadcast live, enter "Yes." Otherwise enter mn 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the of Mexican or Canadian stations, if any, the community with which the mn 5: Give the month and day when your system carried the substitute ample: for May 7 give "5/7." mn 6: State the times when the substitute program was carried by you exerest five minutes. Example: a program carried by a system from 6:0's "6:00–6:30 p.m." mn 7: Enter the letter "R" if the listed program was substituted for program output the accounting period stituted for programming that your system was permitted to delete under October 19, 1976. SUBSTITUTE PROGRAM 1. F. OF PROGRAM 2. LIVE? 3. STATION'S	use general categories like "movies" or "basketball." List specific program titles, for a sketball: 76ers vs. Bulls." mn 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." mn 3: Give the call sign of the station broadcasting the substitute program. mn 4: Give the broadcast station's location (the community to which the station is lies of Mexican or Canadian stations, if any, the community with which the station is iden 5: Give the month and day when your system carried the substitute program. Using the substitute program was carried by your cable system of State the times when the substitute program was carried by your cable system earest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 section—6:30 p.m." mn 7: Enter the letter "R" if the listed program was substituted for programming that a under FCC rules and regulations in effect during the accounting period; enter the estituted for programming that your system was permitted to delete under FCC rules and October 19, 1976. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucasketball: 76ers vs. Bulls." mn 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." mn 3: Give the call sign of the station broadcasting the substitute program. mn 4: Give the broadcast station's location (the community to which the station is licensed by the FCC of Mexican or Canadian stations, if any, the community with which the station is identified). mn 5: Give the month and day when your system carried the substitute program. Use numerals, with the ample: for May 7 give "5/7." mn 6: State the times when the substitute program was carried by your cable system. List the times accessed five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be searest five minutes. Example: a program was substituted for programming that your system was reconstituted for programming that your system was reconstituted for programming that your system was permitted to delete under FCC rules and regulations in Cotober 19, 1976. WHEN SUBSTITUTE CARRIAGE OCCURRED SUBSTITUTE CARRIAGE OCCURRED 15. MONTH 6. TIMES	

counting Period:	T		FORM SA1-2E					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYST (TEM II 06059				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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	n's secondary trans how to compute this	mission service					
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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more informa	ss than \$527,600	\$263,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 G	OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00	at you must pay for t	this six-month					
	Line 1. Royalty fee for accounting period		-					
	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							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	t more than \$137,1	00)					
	Base amount under statutory formula	263,800.00	<u>-</u>					
	Enter amount of gross receipts from space K		<u>-</u>					
	3. Subtract line 2 from line 1		<u>-</u>					
	4. Enter the amount of gross receipts from space K	· · · · · <u> </u>						
	5. Enter the amount from line 3	<u> </u>						
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	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	378 188 55						
	Enter the amount of gross receipts from space K. S Base amount under statutory formula	378,188.55 263,800.00	-					
	3. Subtract line 2 from line 1	114,388.55	<u>-</u>					
	4. Multiply line 3 by .01		- 1,143.89					
			1,319.00					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		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	d 6	\$ 2,46	2.89				
	FILING FEE AND TOTAL REMITTANCE DUE							
iling Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,462.89					
al Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 2,48	32.89				
	EFT Trace # or TRANSACTION ID #		I					
	Important: Your remittance must be in the form of an electronic payment path See page i of the general instructions in the paper SA1-2 form and the Excel in							

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060598
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	14
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	214
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	Address RODNEY HASKINS Telephone 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	(903) 579-3152
	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, but only one, 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 over 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)] 	system as identified vner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM 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.

counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	060598
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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 th 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.