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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright
General instructions are located in the first tab of this workbook		ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20202 Barcode Data Filing Period (optional - see instructions)
		Instructions:
В		Give 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 of the subsidiary, not that of the parent corporation.
Owner		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 submit a 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, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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	1	IDENTIFICATION OF CABLE SYSTEM:
		LONDON, AR
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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 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#
Name	CEQUEL COMMUNICATIONS LLC	029600
D	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community		AR
Johnnunity	POPE COUNTY (PORTIONS)	AR
ows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT								02960
			BECDU		TEQ				
E	SECONDARY TRANSMISSION In General: The information in s					y transmission :	service of	the cable	
	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p	, , ,	,				those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,		brokon	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv	ice at the rate i	ndicate	d-not the nun	ber of set	s receiving serv	rice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	d rate variation	s within a j	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide	•		0		•			
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					i în the count un	der Servi	ce to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	iers of services	that in	clude one or m	ore secon	dary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A ty	/o- or thre	e-word descript	on of the s	service is	
	sufficient.	DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE		NATE	CAT	EGORT OF SET	(VICE	SUBSCRIDERS	
	Service to first set		107	34.99					
	Service to additional set(s)			04.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	45.95					
	Converter			-10.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	;				
F	In General: Space F calls for rat	`	,			, ,			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the								
	Block 1: Give the standard rat			e svstem for ea	ch of the a			were not	
Fransmissions:	Block 2. List any services that		stern rui		ad during	the accounting			
Rates	Block 2: List any services that listed in block 1 and for which a service 1 and for which a service 1 and servic			nished or offer	-	-			
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg	e was n	mished or offer nade or establi	-	-			
	listed in block 1 and for which a	separate charg otion and includ	e was n e the ra	mished or offer nade or establi	-	-		e form of a	
	listed in block 1 and for which a	separate charg otion and includ BLOC	e was n e the ra CK 1	mished or offer nade or establi	shed. List	-	vices in the		RATE
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg otion and includ BLOO RATE	e was n e the ra CK 1 CATEG	nished or offer nade or establi ate for each.	shed. List	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg otion and includ BLOO RATE	e was n e the ra CK 1 CATEG Installa	nished or offer nade or establi ate for each.	shed. List	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg tion and includ BLOC RATE	e was n e the ra CK 1 CATEG Installa • Mot	nished or offer nade or establi ite for each. GORY OF SER ation: Non-res	shed. List	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg tion and includ BLOC RATE 17.00	e was n e the ra CK 1 CATEG Installa • Mot • Cor	nished or offer nade or establi ite for each. GORY OF SER ation: Non-res tel, hotel	shed. List	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	separate charg tion and includ BLOC RATE 17.00	e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel nmercial	/ICE dential	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg tion and includ BLOC RATE 17.00	e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	nished or offer nade or establi ate for each. GORY OF SER' ation: Non-res tel, hotel mmercial (cable	/ICE dential	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	separate charg tion and includ BLOC RATE 17.00	e was n e the ra CK 1 CATEG Installa • Mol • Cor • Pay • Pay • Fire	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	/ICE dential	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	separate charg tion and includ BLOC RATE 17.00 19.00 99.00	e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection	/ICE dential	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg tion and includ BLOC RATE 17.00 19.00 99.00	e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch e protection glar protection	/ICE dential	these other ser	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg tion and includ BLOC RATE 17.00 19.00 99.00	e was n e the ra CK 1 CATEG Installa • Mod • Cor • Pay • Pay • Fire • Bur Other s • Rec	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch e protection glar protection services:	/ICE dential	RATE	vices in the	e form of a BLOCK 2	RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg tion and includ BLOC RATE 17.00 19.00 99.00	e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Diss	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch protection glar protection services: connect	/ICE dential	RATE	vices in the	e form of a BLOCK 2	RATE

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYST	ΈM
Name	CEQUEL COMMUNIC	ATIONS LLC		0)29(
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable system FCC rules and regulations	entify every television station (including train during the accounting period, <i>except</i> (1) in effect on June 24, 1981, permitting the) stations carried only on a part-ti carriage of certain network progra	me basis under ams [sections	
Primary Transmitters: Television	substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.61(s explained in the next paragraph. : With respect to any distant stations carri			
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	Special Statement and Program	Log)—if the	
	basis. For further information	also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination prog	e page (v) of the general instruct	ions.	
	"WETA-2" as the same on	d with a station according to its over-the-ai the form. el number the FCC assigned to the televis	.		
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. case whether the station is a network sta ring the letter "N" (for network), "N-M" (for	•		
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), or " rms, see page (iv) of the general instructi n of each station. For U.S. stations, list the dian stations, if any, give the name of the	ons in the paper SA1-2 form. e community to which the station	is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KAFT-1	9	E	FAYETTEVILLE, AR	
	KAFT-2	9.2	E-M	FAYETTEVILLE, AR	
Rows as Necessary	KAFT-3	9.3	E-M	FAYETTEVILLE, AR	
	KAFT-4	9.4	E-M	FAYETTEVILLE, AR	
	KAFT-HD1	9	E-M	FAYETTEVILLE, AR	
	KARK-1	4	N	LITTLE ROCK, AR	
	KARK-2	4.2	I-M	LITTLE ROCK, AR	
	KARK-3	4.3	I-M	LITTLE ROCK, AR	
	KARK-HD1	4	N-M	LITTLE ROCK, AR	
	KARZ-1	42	I	LITTLE ROCK, AR	
	KARZ-2	42.2	I-M	LITTLE ROCK, AR	
	KARZ-HD1	42	I-M	LITTLE ROCK, AR	
	KASN-1	38	I	PINE BLUFF, AR	
	KASN-HD1	38	I-M	PINE BLUFF, AR	
	KATV-1	7	N	LITTLE ROCK, AR	
	KATV-2	7.2	I-M	LITTLE ROCK, AR	
	KATV-3	7.3	I-M	LITTLE ROCK, AR	
	KATV-4	7.4	I-M	LITTLE ROCK, AR	
	KATV-HD1	7	N-M	LITTLE ROCK, AR	
				LITTLE ROCK, AR	
	KKAP-1	36 E LITTLE ROO			
	KKAP-1 KLRA-1	36 30	I	LITTLE ROCK, AR	
			I I-M		
	KLRA-1	30	I	LITTLE ROCK, AR	

ounting Period:	-			FORM SA1-2E. PA				
Name				SYSTEM 029				
	PRIMARY TRANSMITTERS:							
G		tentify every television station (including tra em during the accounting period, <i>except</i> (1	•	,				
-	FCC rules and regulations	s in effect on June 24, 1981, permitting the	carriage of certain network progra	ams [sections				
Primary		(e)(2) and (4) , or 76.63 (referring to 76.61(e)	e)(2) and (4))]; and (2) certain sta	itions carried on a				
Transmitters: Television		as explained in the next paragraph. Is: With respect to any distant stations carri	ied by your cable system on a sul	bstitute program				
	basis under specific FCC	rules, regulations, or authorizations:						
	 Do not list the station he station was carried only or 	re in space G—but do list it in space I (the n a substitute basis.	Special Statement and Program	Log)—if the				
	 List the station here, and 	l also in space I, if the station was carried b						
		tion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro						
		ed with a station according to its over-the-a	o					
	"WETA-2" as the same on	n 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 eac	ch case whether the station is a network sta	· · · ·					
		tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or "						
	· · · · · · · · · · · · · · · · · · ·	terms, see page (iv) of the general instructi		ional multicast).				
	Column 4: Give the locati	ion of each station. For U.S. stations, list th	ne community to which the station					
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	community with which the station	is identified.				
	1. CALL SIGN							
	I. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KMYA-1	2. B'CAST CHANNEL NUMBER 49	3. TYPE OF STATION	4. LOCATION OF STATION CAMDEN, AR				
			3. TYPE OF STATION I N					
	KMYA-1	49	<u> </u>	CAMDEN, AR				
	KMYA-1 KTHV-1	49 11	1 N	CAMDEN, AR LITTLE ROCK, AR				
	KMYA-1 KTHV-1 KTHV-3	49 11 11.3	I N I-M	CAMDEN, AR LITTLE ROCK, AR LITTLE ROCK, AR				
	KMYA-1 KTHV-1 KTHV-3 KTHV-4	49 11 11.3 11.4	I N I-M I-M	CAMDEN, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR				

EGAL NAME OF								SYSTEM I 0296
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be recei It the Co sign of e he statio ion's sign	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process (mark in the "S/D" column	t the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he 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# 029600
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the are explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or aut	horizations.	For a further
Carriage:	1. SPECIAL STATEMENT				-			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	sion program	n
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	'Yes," you mι	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE		-					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	ce, please a of every nor distant stati gulations, o ies like "mo Bulls." n was broad	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N	brogram") tha d for the prog eral instruction n titles, for ex lo."	it, during the ramming of ns for furthe	accounting another sta r information) tion n.
	Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give	adcast static adian statio ith and day /e "5/7." es when the	on's location (th ons, if any, the o when your syst substitute pro	tem carried the substitute p gram was carried by your o	station is lice station is iden program. Use cable system.	tified). numerals, v . List the tim	with the mor	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation in the transming that y	ons in effect du	o	; enter the let r FCC rules a	ter "P" if the	listed progr ons in	
	1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM		5. MONTH	AGE OCCI	JRRED IMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						······		
						·		
						······		
						······		
							_	
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							_	
							_	
	·			L			_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 029600
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	9,180.09 ss receipts)
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$63,800 but less than \$527,600 See page (vi) of the general instructions located in the paper \$A1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	7. Multiply line 6 by .005 (enter figure here) . 8. Interest charge. Enter the amount from line 4, space Q, page 8 . 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 .		0.00
	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		
	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 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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 029600
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	otal numb n the cabl		ting period.	31
	2. Enter the tota on which the	I number of activated channels cable system carried television	s n broadca	st stations		538
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		RMATION IS NEEDED (Identify an individua	al to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nent, or suit	e number)		
	Email	RODNEY.HASKI	(INS@AL	TICEUSA.COM Fa	x (optional	
ο	CERTIFICATION	(This statement of account mus	st be cert	ified and signed in accordance with Copyrig	ht Office regulations)	
Certification		d, hereby certify that (Check one		<i>v one</i> , of the boxes.)	lified in line 1 of space F	l'or
				rtnership) I am the duly authorized agent of the		
	X (Offic	er or partner) I am an officer (if		not a corporation or partnership; or ttion) or a partner (if a partnership) of the lega	l entity identified as owr	ner of the cable system
		te, and correct to the best of my		lare under penalty of law that all statements o ge, information, and belief, and are made in go		
			X	/s/ Alan Dannenbaum		
				ectronic signature on the line above to certify t ature using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or printed r	name:	ALAN DANNENBAUM		
				PROGRAMMING position held in corporation or partnership)		
		Date:			2/25/2021	

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.

	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	029600
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 fol- towing 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 sub- scribers 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? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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.	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	Interest Assessment
x	Interest Assessment
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