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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondar	y Transmissions by	DATE RECEIVED	AMOUNT	conficces@convright.gov
General instruc	ns (Short Form) tions are located of this workbook	03/02/21	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting	20202	Barcode Data Filing Period (optional	- see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo	-	iary of another corporation, give the full corpora	te title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should subm od.	it a single
	Check here if this is the system's first filing.	. If not, enter the system's ID number as	ssigned by the Licensing Division.	032764
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	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 nu	umber)		

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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 fing, a determination that would be made by a court of law.

TYLER, TX 75701 (City, town, state, zip)

ONALASKA, TX

(City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

С

System

1

2

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "communit	032764
D	separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	ome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	ONALASKA	TX
Community	COLD SPRINGS	ТХ
	POINT BLANK	TX
dd Rows as Necessary	SHEPARD	TX

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							TEM ID
Name									03276
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the cas	e may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondary			•		•			
Rales	each category by counting the ne separately for the particular serv							scharged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	· ·	,		y standa	d rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondary transmi	sion servi	ce that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not							0,	
	categories, that person or entity						•		
	subscriber who pays extra for ca					l in the count ur	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tw	o- or thre	e-word descript	on of the s	service is	
	sufficient.	DCK 1					BLOC	()	
	BLC	NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,784	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		38	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS' RATES					
-	In General: Space F calls for rat				pect to a	ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t					•			
Services	service for a single fee. There ar furnished at cost or (2) services	•			0		• • •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	2		argou on a ran	anie hei h	ogram zacio,	
Transmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a s brief (two- or three-word) descrip				nea. List	these other ser	nces in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	NATE		ation: Non-resid		RATE	CATEG	ORT OF SERVICE	NATE
	Pay cable	17.00		tel, hotel	acintiai				
	Pay cable—add'l channel	19.00		nmercial					
	Fire protection	.0.00		/ cable					
	•Burglar protection			/ cable-add'l cha	annel				
	Installation: Residential			protection					
	• First set	99.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)	_0.00		connect		40.00			
	Converter			connect		10.00			
				let relocation		25.00			
			Out	loc reiocation		20.00			
			• Mov	ve to new addre	88	99.00			

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name		ATIONS LLC		032
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations in	entify every television station (including tra m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the	1) stations carried only on a part-tir carriage of certain network progra	ime basis under ams [sections
Primary ransmitters: Television	substitute program basis, as Substitute Basis Stations :	e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. a: With respect to any distant stations carr ules, regulations, or authorizations:		
	• Do not list the station here station was carried only on a	e in space G—but do list it in space I (the		
	basis. For further information Column 1: List each station	on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	see page (v) of the general instruction ogram services such as HBO, ESP	ions. PN, etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channed	0		
	Column 3: Indicate in each educational station, by enter	n case whether the station is a network state ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or '	or network multicast), "I" (for indepe	endent), "I-M"
	For the meaning of these ter Column 4: Give the location	erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	tions in the paper SA1-2 form. he community to which the station i	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCTL-1	25	I	LIVINGSTON, TX
	KETH-1	14	I	HOUSTON, TX
d Rows as Necessary	KETH-HD1	14	I-M	HOUSTON, TX
	KFTH-1	67	<u> </u>	ALVIN, TX
	KFTH-HD1	67	I-M	ALVIN, TX
	KHOU-1	11	N	HOUSTON, TX
	KHOU-2	11.2	I-M	HOUSTON, TX
	KHOU-3	11.3	I-M	HOUSTON, TX
	KHOU-HD1	11	N-M	HOUSTON, TX
	KIAH-1	39	<u> </u>	HOUSTON, TX
	KIAH-2	39.2	I-M	HOUSTON, TX
	KIAH-HD1	39	I-M	HOUSTON, TX
	KLTJ-1	22	E	GALVESTON, TX
	KPRC-1	2	N	HOUSTON, TX
	KPRC-3	2.2	I-M	HOUSTON, TX
	KPRC-HD1	2.3	N-M	HOUSTON, TX
	KPRC-THIS	2	I-M	HOUSTON, TX
	KPXB-1	49	<u>I</u>	CONROE, TX
	KPXB-HD1	49	I-M	CONROE, TX
	KRIV-1	26	<u>I</u>	HOUSTON, TX
	KRIV-HD1	26	I-M	HOUSTON, TX
		-		
	KTBU-1	55	I	CONROE, TX
		55 47	I	CONROE, TX GALVESTON, TX

	LEGAL NAME OF OWNER O	E CARLE SYSTEM:		SYSTEM		
Name				032		
_		entify every television station (including tra	anslator stations and low power te	levision stations)		
G	carried by your cable syste	m during the accounting period, <i>except</i> (1	 stations carried only on a part-ti 	ime basis under		
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61)				
ransmitters:	substitute program basis, a	as explained in the next paragraph. S: With respect to any distant stations carr				
Television	basis under specific FCC r	ules, regulations, or authorizations:				
	 Do not list the station her station was carried only on 	e in space G—but do list it in space I (the a substitute basis.	Special Statement and Program	Log)—if the		
	List the station here, and	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 pro				
	multicast stream associate "WETA-2" as the same on	d with a station according to its over-the-a	air designation. For example, repo	ort multistream		
		el number the FCC assigned to the televis	sion station for broadcasting over	the air in its community		
		/RC is channel 4 in Washington, D.C. h case whether the station is a network sta	ation, an independent station or a	noncommercial		
	educational station, by ente	ering the letter "N" (for network), "N-M" (fo	r network multicast), "I" (for indep	endent), "I-M"		
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instruct		ional multicast).		
	Ũ	on of each station. For U.S. stations, list th		is licensed by the		
	FCC. For Mexican or Cana	idian stations, if any, give the name of the	community with which the station	is identified.		
	1 CALL SIGN 2 B'CAST CHANNEL NUMBER 3 TYPE OF STATION 4 LOCATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	1. CALL SIGN KTMD-HD1	2. B'CAST CHANNEL NUMBER 47	3. TYPE OF STATION	4. LOCATION OF STATION GALVESTON, TX		
	KTMD-HD1	47	I-M	GALVESTON, TX		
	KTMD-HD1 KTRK-1	47 13	I-M N	GALVESTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2	47 13 13.3	I-M N I-M	GALVESTON, TX HOUSTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1	47 13 13.3 13.3 13 13.2	I-M N I-M I-M	GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1	47 13 13.3 13.3 13.2 20	I-M N I-M I-M N-M	GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2	47 13 13.3 13.3 13 13.2 20 20.2	I-M N I-M I-M I I I I-M	GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2 KTXH-4	47 13 13.3 13.2 20 20.2 20.4	I-M N I-M I-M I I I I-M I-M	GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2 KTXH-4 KTXH-HD1	47 13 13.3 13.3 13.2 20 20.2 20.2 20.4 20.4 20	I-M N I-M I-M I I I I-M	GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1	47 13 13.3 13.2 20 20.2 20.2 20.4 20 57	I-M N I-M I-M I-M I I I-M I-M I-M I-M I	GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-4 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1 KUHT-1	47 13 13.3 13.3 13.2 20 20.2 20.2 20.4 20.4 20 57 8	I-M N I-M I-M I N-M I I I-M I-M I-M I-M I E	GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1 KUHT-1 KUHT-2	47 13 13.3 13.3 13.2 20 20.2 20.2 20.4 20.4 20 57 8 8 8.2	I-M N I-M I-M I I I I-M I-M I-M I-M I E E E-M	GALVESTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-4 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1 KUHT-1 KUHT-2 KUHT-3	47 13 13.3 13.3 13.2 20 20.2 20.4 20.4 20 57 8 8 8.2 8.3	I-M N I-M I-M I-M I I I-M I-M I-M I-M I-M E E	GALVESTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1 KUHT-1 KUHT-2	47 13 13.3 13.3 13.2 20 20.2 20.2 20.4 20.4 20 57 8 8 8.2 8.3 8	I-M N I-M I-M I I I I-M I-M I-M I-M I E E E-M	GALVESTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-4 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1 KUHT-1 KUHT-2 KUHT-3	47 13 13.3 13.3 13.2 20 20.2 20.4 20.4 20 57 8 8 8.2 8.3	I-M N I-M I-M I-M I I I-M I-M I-M I-M I-M E E	GALVESTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1 KUHT-1 KUHT-2 KUHT-3 KUHT-HD1	47 13 13.3 13.3 13.2 20 20.2 20.2 20.4 20.4 20 57 8 8 8.2 8.3 8	I-M N I-M I-M I-M I I I-M I-M I-M I E E E-M E-M E-M	GALVESTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1 KUHT-1 KUHT-2 KUHT-3 KUHT-HD1 KXLN-1	47 13 13.3 13.3 13.2 20 20.2 20.4 20 57 8 8 8.2 8.3 8 45	I-M N I-M I-M I-M I I I I-M I-M I-M I E E E-M E-M E-M I I	GALVESTON, TX HOUSTON, TX		
	KTMD-HD1 KTRK-1 KTRK-2 KTRK-3 KTRK-HD1 KTXH-1 KTXH-2 KTXH-4 KTXH-4 KTXH-HD1 KUBE-1 KUHT-1 KUHT-2 KUHT-3 KUHT-3 KUHT-HD1 KXLN-1 KXLN-HD1	47 13 13.3 13.3 13.2 20 20.2 20.2 20.4 20.4 20 57 8 8 8.2 8.3 8 45 45 45	I-M N I-M I-M I-M I I I I-M I-M I-M I E E E-M E-M E-M I I	GALVESTON, TX HOUSTON, TX ROSENBERG, TX ROSENBERG, TX		

EGAL NAME OF								SYSTEM 032
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 032764
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				5			
Special Statement and	During the accounting period	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	ision progran	n
Program Log	broadcast by a distant stat	ion?				L	YES	× NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ust complet	e the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio ming that y	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro program carri- listed program ons in effect du	rows to the tables. sion program ("substitute j ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog and instruction in titles, for ex- lo." m. station is licer station is ider program. User cable system. 15 p.m. to 6:2 mming that y ; enter the let	at, during th rramming of ns for furthe ample, "I Lo nsed by the tified). a numerals, List the tin 28:30 p.m. s rour system ter "P" if the	e accounting f another sta er informatio ove Lucy" or e FCC or, in with the mor nes accurate should be u was <i>require</i> e listed progr	g tion n. nth ely
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. ⁻ FROM	TIMES — TO	DELETION
							_	
							_	
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Accounting Period:	2020/2	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 032764
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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.	nission service
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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 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 t accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	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	
	5. Enter the amount from line 3	
	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	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	,600)
	1. Enter the amount of gross receipts from space K \$ 464,643.39	
	2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 200,843.39	
	4. Multiply line 3 by .01	2,008.43
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,327.43
	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)	3,327.43
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	\$ 3,347.43
	EFT Trace # or TRANSACTION ID #	
	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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 032764
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	otal num h the cab		ounting period.	44
	2. Enter the tota on which the	I number of activated channels cable system carried television	s n broadca	ast stations		295
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		DRMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)	nent, or sui	te number)		
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	st be cer	tified and signed in accordance with Copy	yright Office regulations)	
Certification		d, hereby certify that (Check one				_
				p) I am the owner of the cable system as id artnership) I am the duly authorized agent		
		in line 1 of space B and that the	e owner is	not a corporation or partnership; or ation) or a partner (if a partnership) of the le		
	I have examined	te, and correct to the best of my	-	clare under penalty of law that all statement ge, information, and belief, and are made ir		
			X	/s/ Alan Dannenbaum		-
				electronic signature on the line above to cert nature using an "/s/ signature" (e.g., /s/ John		
		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	032764
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? 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	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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	Interest Assessment
	Interest Assessment
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