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	ΞΝΤ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste		·	03/02/21	\$	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
	1				
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		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 corporation and the full corporation of	ate title of
Owner		List any other name or names under which	the owner conducts the business of th	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 iod.	it a single
		Check here if this is the system's first filing.	If not, enter the system's ID number a	ssigned by the Licensing Division.	062166
		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		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu	umber)		
		TYLER, TX 75701 (City, town, state, zip)			
	INST		ess or trade names used to ider	tify the business and operation of the sy	ystem unless these
C		s already appear in space B. In line 2		e system, if different from the address g	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		FAYETTE STATE CORRECT			
	1	MAILING ADDRESS OF CABLE SYSTEM			

Form SA1-2E Short Form (Rev. 05-17)

2

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

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#
Name	CEQUEL COMMUNICATIONS LLC	062166
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area Served	city.	· · · · · · · · · · · · · · · · · · ·
		STATE
First Community	EAST MILLSBORO	PA
Community	(FAYETTE STATE CORR)	
d Rows as Necessary		
a necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID	
Name	CEQUEL COMMUNICAT								06216	
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
	<b>In General:</b> 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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Both	•					,	,		
Rates	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									
	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 c									
	unit in which it is generally billed. category, but do not include disc				andar	d rate variation	s within a	particular rate		
	Block 1: In the left-hand block				of sec	ondary transmis	ssion serv	ice that cable		
	systems most commonly provide	e to their subscri	ibers. G	Give the number of	subsc	ribers and rate	for each li	sted category		
	that applies to your system. Note			-		-				
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted o					in the count ur	ider Servi			
		U			· ·	service that are	different	from those		
	<b>Block 2:</b> 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 a	ind rates, in the	right-ha	and block. A two- o	or three	e-word descript	ion of the	service is		
	sufficient.	DCK 1					BLOCI	<u>۲</u> 2		
		NO. OF	20	DATE	0 A T			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIBER	RS	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Service to first set		o							
	Service to additional set(s)		0	0						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		558	40.71						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: 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 un		sually	billed. If any rates a	are ch	arged on a vari	able per-p	rogram basis,		
Secondary	enter only the letters "PP" in the		a aabla	avatara far aaab a	f the s	undiaabla aam <i>i</i> i	aaa liatad			
Fransmissions: Rates	<ul> <li>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</li> <li>Block 2: List any services that your cable system furnished or offered during the accounting period that were not</li> </ul>									
Ruico	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.									
		BLOC	K 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE C	CATEG	ORY OF SERVICE		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			tion: Non-residen	tial					
				el, hotel						
	• Pay cable	-	- Con	nmercial						
	• Pay cable—add'l channel									
	Pay cable—add'l channel     Fire protection	- 	• Pay	cable	.					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	-	• Pay • Pay	cable-add'l channe	əl					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay • Pay • Fire	cable-add'l channe protection	el					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	- - -	• Pay • Pay • Fire • Burg	cable-add'l channe protection glar protection	el					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	••••••	• Pay • Pay • Fire • Burg	cable-add'l channe protection glar protection <b>ervices:</b>	el					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	••••••	• Pay • Pay • Fire • Burg <b>Other s</b> • Rec	cable-add'l channe protection glar protection <b>ervices:</b> onnect	əl					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	••••••	• Pay • Pay • Fire • Burg <b>Other s</b> • Rec • Disc	cable-add'l channe protection glar protection <b>ervices:</b> onnect connect	el					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	••••••	• Pay • Pay • Fire • Burg <b>Other s</b> • Rec • Disc • Outl	cable-add'l channe protection glar protection <b>ervices:</b> onnect	el	- -				

Name         LEGAL NMME OF OWNER OF CABLE SYSTEM:         S           CEQUEL COMMUNICATIONS LLC         CEQUEL COMMUNICATIONS LLC           Primary         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 refect on June 24, 1981, permitting the acrinage of certain stations carried on a substitute basis and respect on June 24, 1981, permitting the acrinage of certain stations carried on a substitute basis and respect on June 24, 1981, permitting the acrinage of certain stations carried on a substitute basis and respect on June 24, 1981, permitting the acrinage of certain stations carried on a substitute basis and respect on June 24, 1981, permitting the acrinage of certain stations carried on a substitute basis atom sease carried only on a substitute program basis, are suplation of nor theore and also in space I, the station was carried both on a substitute basis atom sease carried only on a substitute basis atom sease carried only on a substitute basis.           - 10 not list the station here, and also in space I, the station was carried both on a substitute basis.         - Us the station scored ing bus the verthe-air designation. For example, report multistream "WETA-27 as the same to the form.           Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in iscommunity of license. For example, WRC is channel 4 in Washington, D.C.           Column 2: Give the channel number the FCC assigned to the television station, in the paper SA-2 form.           Column 4: Give the location of each station. For U.S. stations, list the community to which the station is	SYSTEM ID 06216
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 ransmitters:           Television         Substitute Degram 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, in the next paragraph.           • Do not list the station here: in space G—but do list it in space (1 the Station was carried only on a substitute basis.         • List the station here, and also in space I, if the station 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 "WEFA-2" as the same on the form.           Column 1:         List the station was carried by other 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 an envork station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network, N-M' (for network multicast), "f' (for independent), "I-M" (for independent multicast), "E' (for nonocommercial educational, or "E-M' (for network multicas	06216
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-line 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:       • to 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.         • Oth and list the station here in space 5 of the station scarried by the regram linstructions.       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, MRC is channel in Mashington, D.C.         Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of for independent multicast). For (for noncommercial educational), or F2-M' (for network), N-M' (for network multicast), T'' (for independent), "-M' (for independent multicast). For the meaning of these terms, see page (iv) of the general instructions, in the paper SA1-2 form.         Column 3: Indicate in each case whether the stations, list the community of which the station is identified.         Yeotum 4: Give the location of each station. For U.S. stat	
Television       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, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For thref in formation 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 multicast). "F" (for independent), "I-M" (for independent multicast). "E (for independent 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.         Rows as Necessary       1. CALL SIGN       2. B'CAST CHANNEL NUMBER       3. TYPE OF STATION       4. LOCATION OF STAT         MPGH-1       19       I       PITTSBURGH, PA       PITTSBURGH, PA	
KDKA-12NPITTSBURGH, PAWPCW-119IPITTSBURGH, PAWPGH-153IPITTSBURGH, PAWPXI-111NPITTSBURGH, PAWQED-113EPITTSBURGH, PA	
Rows as NecessaryWPCW-119IPITTSBURGH, PAWPGH-153IPITTSBURGH, PAWPXI-111NPITTSBURGH, PAWQED-113EPITTSBURGH, PA	ΓΙΟΝ
WPGH-1     53     I     PITTSBURGH, PA       WPXI-1     11     N     PITTSBURGH, PA       WQED-1     13     E     PITTSBURGH, PA	
WPXI-111NPITTSBURGH, PAWQED-113EPITTSBURGH, PA	
WQED-1 13 E PITTSBURGH, PA	
WTAE-1 4 N PITTSBURGH, PA	

CEQUEL CO								SYSTEM I 0621
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei It the Co sign of e	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM.	t the system's hea system's FM ante	adend, and (2) nna, during ce	) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
ignal, indicate <b>Column 4:</b> G	this by placing ive the statior	g a checl n's locati	nal was electronically processon ( mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC			
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# 062166
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ify every nor ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			<u> </u>			
Special Statement and	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	ision progran	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	"Yes," you mu	ust comple	te the program	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the tim- to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every noi distant stati egulations, o ries like "mo Bulls." m was broad sign of the s adcast static hadian static adian static thand day we "5/7." es when the Example: a er "R" if the and regulation ming that y	im on a separa add additional i nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ns, if any, the o when your sys e substitute pro program carri listed program ons in effect du	rows to the tables. ision program ("substitute j ur cable system substitute s. See page (v) of the gene itball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute j gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	program") that d for the prog eral instruction in titles, for ex lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	nsed by th nsed by th http://diffed. List the ti 28:30 p.m. our syster ter "P" if th	he accounting of another state her information love Lucy" or he FCC or, in h, with the mon mes accurate should be m was <i>require</i> he listed progr	tion n. hth ly
	s	E PROGRAM				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 SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 062166
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.	ission service mount, see	<b>5,209.74</b> 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 \$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 th accounting period is \$52.00 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         1. Base amount under statutory formula       \$263,800.00         2. Enter amount of gross receipts from space K		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		
	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	]
	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	LEGAL NAME OF OWNER OF CAE CEQUEL COMMUNICATION			SYSTEM ID# 062166
<b>M</b> Channels	to its subscribers, and (2) the of the first subscribers and (2) the of the formation of the subscriber of the subscribe	cable system's total num	els on which the cable system carried television broadcast st ber of activated channels during the accounting period. ble	ations
	2. Enter the total number of ac on which the cable system and nonbroadcast services	carried television broado	ast stations	44
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this state		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name RODNEY	HASKINS	Tele	phone (903) 579-3152
			ite number)	
	Email R	RODNEY.HASKINS@A	LTICEUSA.COM Fax (optional	
0	CERTIFICATION (This statemen	nt of account must be ce	tified and signed in accordance with Copyright Office regula	tions)
Certification	• I, the undersigned, hereby certif	ify that (Check one, <i>but or</i>	<i>ly one</i> , of the boxes.)	
	(Owner other than co	orporation or partnersh	ip) I am the owner of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in line 1 of a interval of the cable system as identified in t	space B; or
	in line 1 of spa	ace B and that the owner i	artnership) I am the duly authorized agent of the owner of the s not a corporation or partnership; or	-
	in line 1 of spa	ace B.	ration) or a partner (if a partnership) of the legal entity identified	
		to the best of my knowled	Ige, information, and belief, and are made in good faith.	nerem
			/s/ Alan Dannenbaum	
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
	יד	yped or printed name:	ALAN DANNENBAUM	
	Ті		PROGRAMMING	
	D	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	062166
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	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	-
<b>INTEREST ASSESSMENT</b> 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 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	-
x	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	-
x	-
x	
x	
x	

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.