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	T OFFICE USE ONLY	Return completed workbook by email to:	
for Secondar	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
·	ns (Short Form)	03/02/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY	Y/(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					
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corpo		ary of another corporation, give the full corpo	rate title of	
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 a statement of account and royalty fee paym		last day of the accounting period should sub d.	mit a single	
	Check here if this is the system's first filing.	If not, enter the system's ID number ass	igned by the Licensing Division.	063134	
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
	SUDDENLINK COMMUNICATIONS				

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

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

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

IDENTIFICATION OF CABLE SYSTEM:

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

WESTCHESTER DOC MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

3027 S SE LOOP 323

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

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063134
D	Instructions: List each separate community served by the cable system. A "comr separate and distinct community or municipal entity (including unincorporated or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mote	communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first
Area Served	city.	
_		STATE
First Community	VALHALLA (WESTCHESTER DOC)	NY
	(WESTCHESTER DOC)	
Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	CEQUEL COMMUNICAT								06313
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
_	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					,	,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv	ice at the rate in	dicated-	not the num	per of set	s receiving ser	vice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				y standai	d rate variation	is within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion serv	ice that cable	
	systems most commonly provide	e to their subscri	bers. Giv	e the numbe	of subso	cribers and rate	for each li	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity					•			
	subscriber who pays extra for ca first set" and would be counted of					i în the count u	nder Servi	ce to the	
	Block 2: If your cable system					service that ar	e different	from those	
	printed in block 1 (for example, t	iers of services t	that inclu	de one or mo	re secon	dary transmiss	ions), list th	nem, together	
	with the number of subscribers a	and rates, in the	right-han	d block. A tw	o- or thre	e-word descrip	tion of the	service is	
ŀ	sufficient.	DCK 1					BLOCI	<u>۲</u> 2	
		NO. OF		DATE	0.4.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBER	3	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		0	_					
	Service to additional set(s)		0	- 0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		17	40.71					
	Converter			40.71					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIC	NS: 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								
	amount of the charge and the ur								
Other Than	Tanioani or are onargo ana are ar	nit in which it is u	sually bill	ed. If any rat	es are ch		iable per-p	logiani basis,	
Secondary	enter only the letters "PP" in the	rate column.	-			arged on a var		logialli basis,	
Secondary Fransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	rate column. te charged by the	e cable s	stem for eac	h of the	arged on a var applicable serv	ices listed.	-	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by the t your cable syste	e cable s em furnis	vstem for eached or offere	h of the a	arged on a var applicable serv the accounting	ices listed. period tha	t were not	
Secondary Fransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	rate column. te charged by the t your cable syste separate charge	e cable sy em furnis was mac	vstem for eached or offere	h of the a	arged on a var applicable serv the accounting	ices listed. period tha	t were not	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by the t your cable syste separate charge tion and include	e cable sy em furnis was mac the rate	vstem for eached or offere	h of the a	arged on a var applicable serv the accounting	ices listed. period tha	t were not e form of a	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by the t your cable syste separate charge otion and include BLOC	e cable s em furnis was mac the rate K 1	vstem for eached or offere	ch of the a d during hed. List	arged on a var applicable serv the accounting	ices listed. period tha rvices in th	t were not	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by the t your cable syste separate charge otion and include BLOCI RATE	e cable s em furnis was mac the rate K 1 CATEGOF	vstem for eached or offere le or establis for each.	ch of the a d during hed. List	arged on a var applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by the t your cable syste separate charge otion and include BLOCI RATE	e cable s em furnis was mac the rate K 1 CATEGOF	vstem for eached or offere le or establis for each. RY OF SERV n: Non-resid	ch of the a d during hed. List	arged on a var applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RATE
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Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by the t your cable syste separate charge otion and include BLOCI RATE	e cable sy em furnis was mac the rate K 1 CATEGOR • Motel,	vstem for each hed or offere e or establis for each. RY OF SERV n: Non-resid hotel ercial	ch of the a d during hed. List	arged on a var applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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	rate column. te charged by the t your cable syste separate charge otion and include BLOCI RATE	e cable sy em furnis was mac the rate K 1 ATEGOF stallatio • Motel, • Comm • Pay ca	vstem for each hed or offere e or establis for each. RY OF SERV n: Non-resid hotel ercial	ch of the a d during hed. List ICE	arged on a var applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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'l channel • Fire protection	rate column. te charged by the t your cable syste separate charge otion and include BLOCI RATE	e cable sy em furnis was mac the rate K 1 ATEGOF stallatio • Motel, • Comm • Pay ca	estem for each hed or offere le or establis for each. <u>RY OF SERV</u> <b>n: Non-resid</b> hotel ercial ble ble ble-add'l cha	ch of the a d during hed. List ICE	arged on a var applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RATE
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Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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'l channel • Fire protection •Burglar protection Installation: Residential • First set	rate column. te charged by the tyour cable syste separate charge otion and include BLOCI RATE C	e cable sy em furnis was mac the rate K 1 ATEGOF nstallatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	vstem for eached or offere le or establis for each. RY OF SERV n: Non-resid hotel ercial ble ble-add'l cha otection r protection vices:	ch of the a d during hed. List ICE	arged on a var applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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)	rate column. te charged by the tyour cable syste separate charge otion and include BLOCI RATE C	e cable sy em furnis was mac the rate K 1 • ATEGOF • Notel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	vstem for eached or offere le or establis for each. RY OF SERV n: Non-resid hotel ercial ble ble-add'I cha otection r protection vices: nect	ch of the a d during hed. List ICE	arged on a var applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by the tyour cable syste separate charge otion and include BLOCI RATE C	e cable sy em furnis was mac the rate K 1 ATEGOF • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	vstem for eached or offere le or establis for each. RY OF SERV n: Non-resid hotel ercial ble ble-add'I cha otection r protection vices: nect	ch of the a d during hed. List ICE	arged on a var applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RATE

	2020/2			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID			
	CEQUEL COMMUNIC	ATIONS LLC		063134			
	PRIMARY TRANSMITTERS:						
<b>G</b> Primary	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, <i>except</i> (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						
nsmitters: elevision	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations cau ules, regulations, or authorizations:					
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (the a substitute basis.					
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instructi ogram services such as HBO, ESF	ions. PN, etc. Identify each			
	"WETA-2" as the same on	d with a station according to its over-the- the form. el number the FCC assigned to the telev					
	of license. For example, W <b>Column 3:</b> Indicate in each	/RC is channel 4 in Washington, D.C. a case whether the station is a network s gring the letter "N" (for network), "N-M" (f	tation, an independent station, or a	noncommercial			
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	onal multicast). is licensed by the			
	FCC. For Mexican or Cana	dian stations, if any, give the name of the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WABC-1	7	N	NEW YORK, NY			
	WCBS-1	2	N	NEW YORK, NY			
ows as Necessary	WFUT-1	68	I	NEWARK, NJ			
ws as Necessary	WFUT-1 WNBC-1	68 4	N	NEWARK, NJ NEW YORK, NY			
rs as Necessary				_			
as Necessary	WNBC-1	4	N	NEW YORK, NY			
s as Necessary	WNBC-1 WNET-1	4 13	N	NEW YORK, NY NEWARK, NJ			
s as Necessary	WNBC-1 WNET-1 WNJU-1	4 13 47	N	NEW YORK, NY NEWARK, NJ LINDEN, NJ			
s as Necessary	WNBC-1 WNET-1 WNJU-1 WNYN-1	4 13 47 39	N	NEW YORK, NY NEWARK, NJ LINDEN, NJ NEW YORK, NY			
s as Necessary	WNBC-1 WNET-1 WNJU-1 WNYN-1 WNYW-1	4 13 47 39 5	N	NEW YORK, NY NEWARK, NJ LINDEN, NJ NEW YORK, NY NEW YORK, NY			
ows as Necessary	WNBC-1 WNET-1 WNJU-1 WNYN-1 WNYW-1 WPIX-1	4 13 47 39 5 11	N	NEW YORK, NY NEWARK, NJ LINDEN, NJ NEW YORK, NY NEW YORK, NY NEW YORK, NY			
ows as Necessary	WNBC-1 WNET-1 WNJU-1 WNYN-1 WNYW-1 WPIX-1 WWOR-1	4 13 47 39 5 11 9	N	NEW YORK, NY NEWARK, NJ LINDEN, NJ NEW YORK, NY NEW YORK, NY NEW YORK, NY SECAUCUS, NJ			
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EGAL NAME OF								SYSTEM 063
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate i <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	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
		6/D				6/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Period								RM SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID	
	CEQUEL COMMUNICA	ATIONS LL	_C					063134	
	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	ify every non ccounting pe	network televisi eriod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static CC rules, regula	ations, or a	uthorizations	. For a further	
Carriage:	1. SPECIAL STATEMENT								
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork telev	vision progra	am	
	broadcast by a distant station?								
	Note: If your answer is "No'	", leave the	rest of this pag	e blank. If your answer is	s "Yes," you mu	ust comple	te the progr	am	
	log in block 2.								
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad 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.	ice, please a of every nor distant stati gulations, ou ies like "mov Bulls." n was broad sign of the s adcast statio hadian statio th and day ve "5/7." es when the	add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter " isting the substitute progra to community to which the community with which the tem carried the substitute gram was carried by your	e program") tha ed for the prog heral instruction im titles, for ex "No." am. e station is lice e station is lider program. Use cable system.	at, during th ramming c ns for furth ample, "I L nsed by th ntified). numerals . List the tin	ne accountir of another st ner informati ove Lucy" c ne FCC or, ir , with the ma mes accurat	ng iation on. or n n	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	er "R" if the l and regulation nming that ye	listed program	ring the accounting period	d; enter the let	ter "P" if th	e listed pro		
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the l and regulatic nming that y	listed program	ring the accounting period s permitted to delete und	d; enter the let er FCC rules a	ter "P" if th	ie listed prog ions in	gram 7. REASON FOF	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the l and regulatic nming that y	listed program ons in effect du our system wa	ring the accounting period s permitted to delete und	d; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST	ie listed prog ions in	gram	
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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# 063134
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entra all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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	,048.50 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 periodLine 2. Interest charge. Enter the amount from line 4, space Q, page 8		<u>52.00</u> 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 more than \$137,10		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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
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		DWNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063134
M Channels	to its subscriber	rs, and (2) the cable system's to	otal num	els on which the cable system carried tele ber of activated channels during the acco		
		al number of channels on which ed television broadcast stations		ne		11
	,					
		al number of activated channels cable system carried televisior		ast stations		
		-				22
N Individual to		D BE CONTACTED IF FURTH about this statement of accour		DRMATION IS NEEDED (Identify an indiv	vidual to whom	
Be Contacted for Further	Name	RODNEY HASKINS			Telephone	(903) 579-3152
Information						
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartm	nent. or su	te number)		
		TYLER, TX 75701	,	,		
		(City, town, state, zip)				
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
		(This statement of account mu	st be ce	tified and signed in accordance with Copy	vright Office regulations)	
ο					yngni onioo rogalaliono)	
Certification	• I, the undersigne	ed, hereby certify that (Check on	e, but or	ly one, of the boxes.)		
	(Owne	er other than corporation or pa	artnersh	<b>p)</b> I am the owner of the cable system as ic	dentified in line 1 of space E	3; or
	(Agent	t of owner other than corporat	tion or p	artnership) I am the duly authorized agent	of the owner of the cable s	ystem as identified
				s not a corporation or partnership; or		
	X (Offic	er or partner) I am an officer (if in line 1 of space B.	a corpo	ation) or a partner (if a partnership) of the le	egal entity identified as owr	er of the cable system
		ete, 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	name:	ALAN DANNENBAUM		
				PROGRAMMING		
		(				
		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	063134
<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:</li> <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> <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>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessment
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