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

STATEM	ENT	OF ACCOUNT	FOR COPYRIC	 Return completed workbook b email to 						
		ansmissions by	DATE RECEIVED	AMOUNT	-					
	-	Short Form)		AWOONT	<u>coplicsoa@copyright.gov</u>					
	(\$	For additional information,					
General instru	uctions	s are located	03/01/2022	⁺	contact the U.S. Copyright Office Licensing Division at					
in the first tab	o of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.					
					_					
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
			_							
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
			1							
			1							
		20212	Barcode Data Filing Period (optional	- see instructions)						
Accounting										
Period										
		Instructions:								
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full corp	orate title					
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 filin	g If not enter the system's ID number	assigned by the Licensing Division	037142					
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM							
		CEQUEL COMMUNICATIONS LLC								
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Γ)						
		SUDDENLINK COMMUNICATIONS								
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
		3027 S SE LOOP 323								
		(Number, street, rural route, apartment, or suite n	umber)							
		(City, town, state, zip)								
С				ntify the business and operation of the						
	name	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								
System	1									
		SWEETWATER, TX MAILING ADDRESS OF CABLE SYSTEM	ŀ							
	2	(Number, street, rural route, apartment, or suite n	umber)							
		(City, town, state, zip code)								
	1									

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "corr	037142						
D	"a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known gs.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN STATE							
First	SWEETWATER	TX						
Community	NOLAN COUNTY	ТХ						
dd Rows as Necessary								

	FORM SA1-2E, PA											
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM										
	CEQUEL COMMUNICA			03714								
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES											
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
Coordon	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary Fransmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).											
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	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)											
	separately for the particular service at the rate indicated—not the number of sets receiving service).											
	Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate											
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.											
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not			-		-						
	categories, that person or entity subscriber who pays extra for ca					0,	•					
							idei Seivi					
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
	printed in block 1 (for example, t	tiers of services	that incl	ide one or m	ore secon	dary transmissio	ons), list th	em, together				
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A tw	vo- or thre	e-word descripti	ion of the s	service is				
	sufficient.	OCK 1					BLOCK 2					
		NO. OF					BLUCK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	 Service to first set 	-	l,697	34.99								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		77	45.95								
	Converter											
	Residential											
	Non-residential											
			ľ									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATE	s							
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were											
•	not covered in space E, that is, those services that are not offered in combination with any secondary transmission											
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the											
Other Than												
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.											
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) descri											
	CATEGORY OF SERVICE	BLO RATE		RY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE			
	ICATEGORT OF SERVICE	RATE		on: Non-res		NATE	CATEGO	JRT OF SERVICE	NATE			
				, hotel	uentiai							
	Continuing Services:	17.00		, 110101								
	Continuing Services: • Pay cable	17.00 19.00		nercial								
	Continuing Services: • Pay cable • Pay cable—add'l channel	17.00 19.00	• Com	nercial								
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Com • Pay o	able	annel							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Com • Pay o • Pay o	able able-add'l ch	annel							
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	19.00	• Com • Pay o • Pay o • Fire p	able able-add'l ch protection	annel							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	19.00 99.00	• Com • Pay o • Pay o • Fire p • Burgl	able able-add'l ch protection ar protection	annel							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	19.00	• Comi • Pay o • Pay o • Fire p • Burgi Other se	able able-add'l ch protection ar protection rvices:	annel	40.00						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	19.00 99.00	• Comi • Pay o • Pay o • Fire p • Burgi Other se • Reco	able able-add'l ch rotection ar protection rvices: nnect	annel	40.00						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	19.00 99.00	• Comi • Pay o • Pay o • Fire p • Burgi Other se • Reco	able able-add'l ch rotection ar protection rvices: nnect nnect	annel							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	19.00 99.00	• Comi • Pay o • Pay o • Fire p • Burgi Other se • Reco • Disco	able able-add'l ch rotection ar protection rvices: nnect		40.00 25.00 99.00						

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM						
Name		ATIONS LLC		037						
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable syste	entify every television station (including to em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part	-time basis under						
Primary	76.59(d)(2) and (4), 76.61((e)(2) and (4), or 76.63 (referring to 76.61		•						
ransmitters: Television	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
	basis under specific FCC rules, regulations, or authorizations:									
	• Do <i>not</i> 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 <i>only</i> on a substitute basis.									
		also in space I, if the station was carried on concerning substitute basis stations, s								
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	ogram services such as HBO, ES	SPN, etc. Identify each						
	"WETA-2" as the same on	the form.								
		nel number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting ove	r the air in its community						
	Column 3: Indicate in each	h case whether the station is a network s ering the letter "N" (for network), "N-M" (fo	•							
	(for independent multicast)), "E" (for noncommercial educational), or	"E-M" (for noncommercial educa							
		erms, see page (iv) of the general instruction of each station. For U.S. stations, list t		n is licensed by the						
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the static	on is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KABI-1	42	 I	SNYDER, TX						
	KABI-2	42.2	I-M	SNYDER, TX						
Rows as Necessary	KERA-1	13	E	DALLAS, TX						
	KERA-3	13.3	E-M	DALLAS, TX						
	KERA-4	13.4	E-M	DALLAS, TX						
	KERA-HD1	13	E-M	DALLAS, TX						
	KIDZ-1	42	I	ABILENE, TX						
	KPCB-1	17	I	SNYDER, TX						
	KRBC-1	9	Ν	ABILENE, TX						
	KRBC-1 KRBC-HD1	9	N N-M							
				ABILENE, TX						
	KRBC-HD1	9	N-M	ABILENE, TX ABILENE, TX						
	KRBC-HD1 KTAB-1	9 32	N-M N	ABILENE, TX ABILENE, TX ABILENE, TX						
	KRBC-HD1 KTAB-1 KTAB-2	9 32 32.2	N-M N I-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3	9 32 32.2 32.3	N-M N I-M I-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3 KTAB-HD1	9 32 32.2 32.3 32	N-M N I-M I-M N-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3 KTAB-HD1 KTAB-HD2	9 32 32.2 32.3 32.3 32 32.2	N-M N I-M I-M N-M I-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3 KTAB-HD1 KTAB-HD2 KTXS-1	9 32 32.2 32.3 32.3 32 32.2 12	N-M N I-M I-M N-M I-M N	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX SWEETWATER, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3 KTAB-HD1 KTAB-HD2 KTXS-1 KTXS-2	9 32 32.2 32.3 32.3 32 32.2 12 12.2	N-M N I-M I-M N-M I-M N I-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3 KTAB-HD1 KTAB-HD2 KTXS-1 KTXS-2 KTXS-3	9 32 32.2 32.3 32.3 32 32.2 12 12 12.2 12.3	N-M N I-M I-M N-M I-M N I-M I-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3 KTAB-HD1 KTAB-HD2 KTXS-1 KTXS-2 KTXS-3 KTXS-4	9 32 32.2 32.3 32.3 32 32.2 12 12.2 12.3 12.4	N-M N I-M I-M N-M I-M N I-M I-M I-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3 KTAB-HD1 KTAB-HD2 KTXS-1 KTXS-2 KTXS-3 KTXS-4 KTXS-HD1	9 32 32.2 32.3 32.3 32 32.2 12 12.2 12.3 12.4 12	N-M N I-M I-M I-M N M I-M I-M I-M I-M I-M N-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX						
	KRBC-HD1 KTAB-1 KTAB-2 KTAB-3 KTAB-HD1 KTAB-HD2 KTXS-1 KTXS-2 KTXS-3 KTXS-4 KTXS-HD1 KTXS-HD2	9 32 32.2 32.3 32.3 32.3 32.2 12 12.2 12.3 12.4 12.4 12 12.2	N-M N I-M I-M I-M I-M I-M I-M I-M I-M I-M	ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX						

EGAL NAME OI									SYSTEM 037
	t every radio s	station ca	arried on a separate and disc enerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Ic	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be rece It the Co	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM.	at e s	the system's he ystem's FM ante	adend, and (enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing ive the statior	ion's sig g a chec n's locati	nal was electronically proces k mark in the "S/D" column. ion (the community to which t the community with which th	the	e station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D				AM or EM	S/D		
GALL SIGN	AIVI OF FIM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								·	
								·	

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS L	LC					037142			
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G						
I Subatituta	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor ccounting p	nnetwork televi eriod, under sp	sion program, broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or	authorization	ns. For a further			
Substitute Carriage:					le general inc						
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 										
Statement and	broadcast by a distant sta			n ourry, on a oubolitate ba	olo, any nom			NO			
Program Log	,					L	YES				
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	ete the prog	ram			
	log in block 2.		MC								
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	s wherever po	ossible if t	neir meaning	ı is			
	clear. If you need more spa				· · · · · · · · · · · · · · ·			,			
				vision program ("substitute							
	period, was broadcast by a under certain FCC rules, re										
	Do not use general categor	ies like "mo	vies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or			
	"NBA Basketball: 76ers vs.	Bulls."		er "Yes." Otherwise enter '							
				asting the substitute progr			500	•			
	the case of Mexican or Car			he community to which the			the FCC or,	IN			
				stem carried the substitute			s, with the n	nonth			
	first. Example: for May 7 give										
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01				ately			
	stated as "6:00–6:30 p.m."				•						
				n was substituted for prog							
	to delete under FCC rules a was substituted for program							bgram			
	effect on October 19, 1976					5					
	SI	E PROGRAM		N 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		IMES — TO	DELETION			
							_				
					 		<u> </u>				
			· · · · · · · · · · · · · · · · · · ·								

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	037142
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmersion (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission 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 \$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.	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	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	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 514,718.42	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,509.18
	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	\$ 3,828.18
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	3,828.18
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	\$ 3,848.18
	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 mo	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037142
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations	24
	and nonbroadcast services	558
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of Iaw that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name:	system as identified vner of the cable system
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 2/1/2022	

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

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	03714
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- lowing 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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
This is the decimal equivalent of 1/303, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.