This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook.	2/28/2023	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20222 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	063265
		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	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	•	CARLIN CONSERVATION	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CEQUEL COMMUNICATIONS LLC 063265 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.	Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.
CEQUEL COMMUNICATIONS LLC 063265 D Instructions: Is lace separate community error by the cable system. A "community" is the same as a "community unit" as distinct community are drag that unice ported areas and including single, discrete uniceported areas and including single dincluding single discrete uniceported areas and including single di	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Separate and distinct community or municipal entity (including unincorporated communities with an unicorporated areas and including sige, discrete form of system identification hereafter known as the "first community." Pieste use it as the first community on all future filings. Note: Inter community or monicipal entity (including unincorporated communities with unicorporated areas and including sige, discrete form of system identification hereafter known as the "first community." Pieste use it as the first community on all future filings. Note: Inter community or monicipal entity (including unincorporated communities with unincorporated areas and including sige, discrete form of system identification hereafter known as the "first community." Pieste use it as the first community or mobile home park should be reported in parentheses below the identified city. Writ: Inter community or monicipal entity. Inter community or monicipal entity. Add bases hivestry Inter community or monicipal entity. Inter community or monicipal entity. Add bases hivestry Inter community or monicipal entity. Inter community. Add bases hivestry Inter community. Inter community. Inter community. Inter community. Interecommunity. <t< th=""><th>Nume</th><th></th><th>063265</th></t<>	Nume		063265
First Community CARLIN NV Add loos is licensy	Area	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 will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob	communities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
First Community CARLIN NV Add Rows as Recease?		CITY OR TOWN	STATE
Ald ben streed	First		
	Community	(CARLIN CONSERVATION)	
	Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		LEGAL NAME OF OWNER OF CABLE SYSTEM:													
Name	CEQUEL COMMUNICATIONS LLC																
E	SECONDARY TRANSMISSION In General: The information in s					rtransmission se	ervice of th	ie cable									
	system, that is, the retransmission	on of television a	ind radi	o broadcasts l	by your sys	stem to subscrib	ers. Give i	nformation									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the																
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). 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																
Rates	each category by counting the n			0 , ,													
	separately for the particular serv	ice at the rate in	dicated	-not the num	ber of sets	s receiving servi	ce).	-									
	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 category, but do not include discounts allowed for advance payment.																
	Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable																
	systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category																
	that applies to your system. Note: Where an individual or organization is receiving service that falls under different																
	categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential																
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(c)."																
	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	•															
	with the number of subscribers a	and rates, in the	right-ha	nd block. A tw	o- or three	e-word description	n of the se	ervice is									
	sufficient.						DI OOI	<u> </u>									
	BL	OCK 1 NO. OF					BLOCK	NO. OF									
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE								
	Residential:																
	Service to first set		0	-													
	 Service to additional set(s) 																
	 FM radio (if separate rate) 																
	Motel, hotel																
	Commercial		20	42.41													
	Converter																
	Residential																
	Non-residential																
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES													
F	In General: Space F calls for rat		'		•												
Г	•	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																
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,																
Secondary	enter only the letters "PP" in the rate column.																
	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.																
ransmissions:	Block 2: List any services that your cable system furnished or offered during the accounting period that were not																
Rates	-		was me		-		and in the	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.									
	listed in block 1 and for which a	separate charge		ade or establis	-		ces in the	ionn or a									
	listed in block 1 and for which a	separate charge otion and include	the rate	ade or establis	-		ces in the										
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charge tion and include BLOC	the rate K 1	ade or establis e for each.	shed. List t			BLOCK 2 ORY OF SERVIC	E RATE								
	listed in block 1 and for which a	separate charge tion and include BLOC RATE	the rate K 1 CATEG	ade or establis	whed. List t	hese other servi		BLOCK 2	E RATE								
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge tion and include BLOC RATE	the rate K 1 CATEGO	ade or establis of for each.	whed. List t	hese other servi		BLOCK 2	E RATE								
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge tion and include BLOC RATE	the rate K 1 CATEGO nstallat • Mote	ade or establis e for each. DRY OF SER ion: Non-res	whed. List t	hese other servi		BLOCK 2	E RATE								
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge tion and include BLOC RATE	the rate K 1 CATEGO nstallat • Mote	ade or establis of for each. DRY OF SER' ion: Non-res el, hotel mercial	whed. List t	hese other servi		BLOCK 2	E RATE								
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	separate charge tion and include BLOC RATE	K 1 CATEGO nstallat • Mote • Com • Pay	ade or establis of for each. DRY OF SER' ion: Non-res el, hotel mercial	VICE	hese other servi		BLOCK 2	E RATE								
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charge tion and include BLOC RATE	the rate K 1 CATEGO nstallar • Mote • Com • Pay • Pay	ade or establis of for each. DRY OF SER' ion: Non-res el, hotel mercial cable	VICE	hese other servi		BLOCK 2									
	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	separate charge tion and include BLOC RATE	the rate K 1 CATEGO nstallar • Mote • Com • Pay • Pay • Fire	ade or establis of for each. DRY OF SER' ion: Non-res el, hotel mercial cable cable-add'l ch	vice idential	hese other serv		BLOCK 2									
	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	separate charge tion and include BLOC RATE (- -	the rate K 1 CATEGO • Note • Corr • Pay • Pay • Fire • Burg	ade or establis e for each. DRY OF SER' ion: Non-res el, hotel mercial cable cable-add'l ch protection	vice idential	hese other serv		BLOCK 2									
	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	separate charge tion and include BLOC RATE (- -	K 1 CATEGO nstallar • Mote • Corr • Pay • Pay • Fire • Burg Other s	ade or establis of for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	vice idential	hese other serv		BLOCK 2									
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charge tion and include BLOC RATE (- -	K 1 CATEGO nstallar • Mote • Com • Pay • Pay • Fire • Burg Other so	DRY OF SER ion: Non-res i, hotel mercial cable-add'I ch protection lar protection ervices:	vice idential	hese other serv		BLOCK 2									
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charge tion and include BLOC RATE (- -	K 1 CATEGO nstallat • Mote • Pay • Pay • Fire • Burg Other s • Reco • Disc	DRY OF SER ion: Non-res i, hotel mercial cable cable-add'I ch protection lar protection protection protection	vice idential	hese other serv		BLOCK 2									

ting Period:	2022/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O			SYSTEM II				
	CEQUEL COMMUNIC	CATIONS LLC		06326				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or		(1) stations carried only on a part- e carriage of certain network prog I (e)(2) and (4))]; and (2) certain sta rried by your cable system on a su ne Special Statement and Program	time basis under rams [sections ations carried on a ubstitute program n Log)—if the				
	basis. For further informati Column 1: List each static multicast stream associate	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination part of with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ES	ctions. PN, etc. Identify each				
	of license. For example, W	nel number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	0	2				
	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), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational 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.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KBYU-1	11	E	PROVO, UT				
	KSL-1	5	N	SALT LAKE CITY, UT				
Necessary	KSTU-1	13	I	SALT LAKE CITY, UT				
	KTVX-1	4	N	SALT LAKE CITY, UT				
	KUCW-1	30	I	OGDON, UT				
	KUTH-1	32	I	PROVO, UT				
	KUTV-1	2	N	SALT LAKE CITY, UT				

EGAL NAME OF									SYSTEM 063
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page I by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions 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	
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Accounting Perio	d: 2022/2					FOR	M SA1-2E. PAGE 5				
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	.C				063265				
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG							
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC0	C rules, regulation	ons, or authorizations.	For a further				
Carriage:	1. SPECIAL STATEMENT	PECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	During the accounting peri	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat	ion?				YES	× NO				
	Note: If your answer is "No	" loovo tho	roct of this pag	o blank. If your answor is "	Voc " vou must		_				
	Note: If your answer is "No,	leave the	rest or this pag	e blank. Il your answer is	res, you must	. complete the progra					
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst			te line. Use abbreviations v	wherever possil	ble, if their meaning is	3				
	 clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately 										
	"NBA Basketball: 76ers vs.	Bulls."									
		•				ed by the ECC or in					
	Column 5: Give the mon	th and day					nth				
							1.				
	to the nearest five minutes.						ely				
	stated as "6:00–6:30 p.m."		program carrie		10 p.m. 10 0.20.						
				was substituted for progra							
	to delete under FCC rules a						ram				
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete undel	FCC rules and	a regulations in					
							-				
						I SUBSTITUTE					
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	GE OCCURRED 6. TIMES	7. REASON FOR DELETION				
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM — TO					
							.+				
							.+				
							.+				
							.+				
							.+				
							+				
					+	_					
						_					

Accounting Period:	2022/2	FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	SYSTEM ID# 063265
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service mount, see \$	
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.	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.	nis six-month	
	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	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		
	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		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	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:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC			SYSTEM ID# 063265
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system tal number of channels on wh ried television broadcast stati- otal number of activated chan he cable system carried televis	ons	ring the accounting period.	7 20
N Individual to Be Contacted		TO BE CONTACTED IF FUR	THER INFORMATION IS NEEDED (Ider ount.)	ntify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone (903)) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701			
	Email	(City, town, state, zip)	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	I (This statement of account	must be certified and signed in accordan	ce with Copyright Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable	system as identified in line 1 of space B; or	
	(Age		ration or partnership) I am the duly author the owner is not a corporation or partnersh	prized agent of the owner of the cable system ip; or	as identified
	X (Off	i cer or partner) I am an officer in line 1 of space B.	r (if a corporation) or a partner (if a partners	ship) of the legal entity identified as owner of the	he cable system
	are true, comp		d hereby declare under penalty of law that a my knowledge, information, and belief, and		
			X /s/ Alan Dannenbaum	above to certify this statement.	
		Typed or printe	ed name: ALAN DANNENBAU	Μ	
		Title:	SVP, PROGRAMMING Title of official position held in corporation or partr	nership)	
		Date:		2/28/2023	

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: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06326
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
× ×	
Line 2. Multiply line 4 by the interset rate* and enter the sum have	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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.	
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.	
Owner	
Address	
ID number	

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