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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT	-	
	ems (Short Form)	DATE RECEIVED	AMOONT	coplicsoa@copyright.gov	
	ictions are located	8/30/21	\$	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	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYYY/(Period))		
		7			
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		<u> </u>			
	2021	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting					
Period					
	Instructions:	46	-:		
В	title of the subsidiary, not that of the pa		sidiary of another corporation, give the full	corporate	
Owner			Abo and a success		
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.		
	_		the last day of the accounting period shoul	d submit a	
	single statement of account and royalty	ree payment covering the entire accou	nung period.	035149	
	Check here if this is the system's first file	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.		
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	Λ		
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER (	OF CABLE SYSTEM (IF DIFFEREN	T)		
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER O				
	3027 S SE LOOP 323				
	(Number, street, rural route, apartment, or suite	number)			
	(City, town, state, zip)				
	INSTRUCTIONS: In line 1, give any bus	iness or trade names used to ide	entify the business and operation of t	he system unless these	
С	names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	FORT SILL, OK				
	MAILING ADDRESS OF CABLE SYSTE	М:			
	2 (Number, street, rural route, apartment, or suite	number)			
	(City, town, state, zip code)				
-					
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect the	ne personally identifying information (PII) reque	ested on this	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	CEQUEL COMMUNICATIONS LLC	0351
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	FORT SILL	OK
Community		
dd Rows as Necessary		

	I							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICAT	TIONS LLC							03514
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	BERS AND R	ATES				
E	In General: The information in s			-		•			
	system, that is, the retransmission								
Secondary Transmission	about other services (including p				-		those exis	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble svstem	n, broken	
scribers and	down by categories of secondary						,	,	
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number o	f persons or org	anizations	s charged	
	separately for the particular serv					•	,		
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				ny stanua		s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					a in the count ur	ider Servi	ice to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1			[		BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		395	34.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		24	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rate		,		•				
	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			0		0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			-		-		-	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	•			SHCU. LISU			c lotti ol a	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	17.00	• Mo	tel, hotel					
	• Pay cable—add'l channel	19.00	• Co	mmercial					
	Fire protection		• Pa	/ cable					
	•Burglar protection		• Pa	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	99.00	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	25.00		services:					
	• FM radio (if separate rate)		• Red	connect		40.00			
	• Converter		• Dis	connect					
	1					05.00	1		
			• Ou	tlet relocation		25.00			
				tlet relocation ve to new addro	ess	25.00 99.00			

ame	LEGAL NAME OF OWNER OF			SYSTEM ID 03514
G imary smitters: avision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUZ-1	6	N	WICHITA FALLS, TX
	KAUZ-2	6.2	I-M	
	•			WICHITA FALLS, TX
as Necessary	KAUZ-HD1	6	N-M	WICHITA FALLS, TX
s Necessary	KAUZ-HD1 KETA-1	6 13	N-M E	
Necessary				WICHITA FALLS, TX
Necessary	KETA-1	13	E	WICHITA FALLS, TX OKLAHOMA CITY, OK
Necessary	KETA-1 KETA-HD1	13 13	E E-M	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK
Necessary	KETA-1 KETA-HD1 KFDX-1	13 13 3	E E-M N	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX
Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3	13 13 3 3.3	E E-M N I-M	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX
s Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3 KFDX-HD1	13 13 3 3.3 3.3 3	E E-M N I-M	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX
s Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3 KFDX-HD1 KJBO-1	13 13 3 3.3 3 3 3	E E-M N I-M	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX
as Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3 KFDX-HD1 KJBO-1 KJTL-1	13 13 3 3.3 3 3 3 18	E E-M N I-M I I I	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX
s Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1	13 13 3 3 3 3 3 3 18 18 18	E E-M N I-M I I I I I I I I I	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX
as Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1	13 13 3 3 3.3 3 3 3 3 18 18 18 7	E E-M N I-M I I I I I I N	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX
as Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2	13 13 3 3 3 3 3 18 18 7 7.2	E E-M N I-M I I I I I I N N I-M	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK
as Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-3	13 13 3 3 3 3 3 3 18 18 18 7 7 7.2 7.3	E E-M N I-M I I I I I I I I I I I I I I I I I I	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK
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as Necessary	KETA-1 KETA-HD1 KFDX-1 KFDX-3 KFDX-HD1 KJBO-1 KJTL-1 KJTL-HD1 KSWO-1 KSWO-2 KSWO-3 KSWO-HD1	13         13         13         13         13         3         3         3         3         18         18         7         7.2         7.3         7	E E-M N I-M I I I I I N N I-M I-M I-M I-M N-M	WICHITA FALLS, TX OKLAHOMA CITY, OK OKLAHOMA CITY, OK WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK
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EGAL NAME OI								SYSTEM 1 0351
	t every radio s	station ca	arried on a separate and discrent of the second sec					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei it the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					

Accounting Perio						1 01 4	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF						SYSTEM ID
	CEQUEL COMMUNICA	ATIONS LLC					035149
	SUBSTITUTE CARRIAGI	E: SPECIAL STATEM	ENT AND PROGRAM LC	G			
	In General: In space I, ident						
	substitute basis during the a explanation of the programm						
Substitute Carriage:	1. SPECIAL STATEMEN			ine general ins		ie paper 3	A1-2 10111.
Special			em carry, on a substitute ba	asis. anv nonr	network telev	ision proa	ram
Statement and Program Log	broadcast by a distant sta		<b>,</b> ,	, ,		YES	× NO
• •	<b>Note:</b> If your answer is "No		age blank. If your answer i	s "Ves " vou r	must complet	. –	
	log in block 2.		age blank. If your answer is	s res, your	nusi complet	ie ille plog	Jian
	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 broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gir <b>Column 6:</b> State the tim to the nearest five minutes.	a distant station and that egulations, or authorization ries like "movies" or "bas Bulls." m was broadcast live, en sign of the station broad adcast station's location hadian stations, if any, th nth and day when your s ve "5/7." les when the substitute p	ons. See page (v) of the ge ketball." List specific progra ter "Yes." Otherwise enter casting the substitute prog (the community to which the e community with which the ystem carried the substitute rogram was carried by you	ted for the pro- neral instruct am titles, for e "No." ram. le station is lid e station is id e program. Us r cable system	ogramming o ions for furthe example, "I Lo censed by the entified). se numerals, m. List the tin	f another : er informa ove Lucy" e FCC or, with the n nes accura	station tion. or in nonth
	to delete under FCC rules a	and regulations in effect		od; enter the l	etter "P" if the	e listed pr	
	Column 7: Enter the lett	and regulations in effect	during the accounting perio	od; enter the l der FCC rules	etter "P" if the and regulati	e listed pro	
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulations in effect nming that your system v	during the accounting period was permitted to delete und	od; enter the l der FCC rules WHE CARRI	etter "P" if the and regulati N SUBSTITI AGE OCCUI	e listed pro- ions in UTE RRED	
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulations in effect nming that your system of .	during the accounting period was permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if the and regulati	e listed pro- ions in UTE RRED	ogram 7. REASON FOI
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in effect nming that your system v UBSTITUTE PROGRA 2. LIVE? 3. STATION'S	during the accounting period was permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if the and regulati N SUBSTITU AGE OCCUI 6. TIM	e listed provious in UTE	ogram 7. REASON FO
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		035149
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmediate (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 amount, se	2,324.70
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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	\$263,80(	
	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	his 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 \$137,10	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		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	1 310 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:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035149
<b>M</b> 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         on which the cable system carried television broadcast stations and nonbroadcast services	16 235
<b>N</b> Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 3027 S SE LOOP 323	(903) 579-3152
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)]</li> <li>X /s/ Alan Dannenbaum</li> </ul>	system as identified mer of the cable system
	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:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING (Title of official position held in corporation or partnership)         Date:       7/22/2021	

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

unting Period: 2	021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMU	JNICATIONS LLC	03514
The Satellite Ho lowing sentence "In detern service of scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
•	aper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
•	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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For an explanat	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>Q</b> Interest Assessmen
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