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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
8/30/21	\$  ALLOCATION NUMBER						

Return completed workbook by email to:

#### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A	20211 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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	CEQUEL COMMUNICATIONS LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	SUDDENLINK COMMUNICATIONS
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	3027 S SE LOOP 323
	(Number, street, rural route, apartment, or suite number)  TYLER, TX 75701
	(City, town, state, zip)
С	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
System	IDENTIFICATION OF CABLE SYSTEM:
	GREENE STATE CORRECTIONAL INSTITUTION
	MAILING ADDRESS OF CABLE SYSTEM:
	2
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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.

CEQUEL COMMUNICATIONS LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  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  WAYNESBURG PA  (GREENE SCI)		T	FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  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  WAYNESBURG PA  (GREENE SCI)	Name		SYSTEMI
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  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  WAYNESBURG PA  (GREENE SCI)			
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 kn as the "first community." Please use it as the first community on all future filings.  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  WAYNESBURG PA  (GREENE SCI)			
Area Served  CITY OR TOWN  STATE  WAYNESBURG  Community  (GREENE SCI)	D		
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  WAYNESBURG PA  (GREENE SCI)	_		
Area Served identified city.  CITY OR TOWN STATE  First WAYNESBURG PA  Community (GREENE SCI)			
CITY OR TOWN STATE  First WAYNESBURG PA  Community (GREENE SCI)	Area		r mobile home parks should be reported in parentheses below the
First WAYNESBURG PA Community (GREENE SCI)	Served	identified city.	
First WAYNESBURG PA Community (GREENE SCI)			
First WAYNESBURG PA Community (GREENE SCI)			<del>_</del>
Community (GREENE SCI)			
			PA
Reservices of the control of the con	Community	(GREENE SCI)	
Rear Nesses			
	d Rows as Necessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 062601

# Ε

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged 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 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(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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	0	-					
Service to additional set(s)	0	0					
• FM radio (if separate rate)							
Motel, hotel							
Commercial	427	42.41					
Converter							
Residential							
Non-residential							
					(		

# F

## Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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 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 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**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) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATI	Ē
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	-	Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	-	Burglar protection			
<ul><li>Additional set(s)</li></ul>	-	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		<ul> <li>Move to new address</li> </ul>	-		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 062601

## PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA-1	2	N	PITTSBURGH, PA
WPCB-1	40	1	GREENSBURG, PA
WPCW-1	19	1	PITTSBURGH, PA
WPGH-1	53	1	PITTSBURGH, PA
WPXI-1	11	N	PITTSBURGH, PA
WQED-1	13	<b>E</b>	PITTSBURGH, PA
WTAE-1	4	N	PITTSBURGH, PA
	***************************************		
	1111		
	1000 p. 1000 p		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 062601

#### **CEQUEL COMMUNICATIONS LLC**

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the 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).

CALL SIGN	ΛM 05 ΓM	C/D	LOCATION OF STATION	CALLSION	ΛM ας ΓΜ	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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Name	LEGAL NAME OF OWNED OF	CABLESVO	TEM:				FOF	RM SA1-2E. PAGE 5			
	LEGAL NAME OF OWNER OF CEQUEL COMMUNICATION							SYSTEM ID# 062601			
	OEQUEE COMMONION	ATIONO E						002001			
I	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	tify every no	nnetwork telev period, under sp	rision program, broadcast b	y a <i>distant</i> sta FCC rules, reg	ulations, o	r authorizati	ons. For a further			
Substitute Carriage:											
Special		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
i rogium Log	Note: If your answer is "No		rest of this na	age blank. If your answer i	s "Yes " vou i	must comr					
	log in block 2.	, 10avo a10	root of the pt	ago bianii. Ii your anonor i	o 100, you	naot oom	note the pre	gram			
	2. LOG OF SUBSTITUT In General: List each subs		-					_			
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	e of every not a distant state egulations, ories like "mo. Bulls." m was broat sign of the adcast statinht and day ive "5/7." tes when the Example:  ter "R" if the and regulate mming that	onnetwork teletion and that yor authorizatio ovies" or "bask adcast live, ent station broad on's location (ons, if any, the when your sy e substitute pra program car elisted programions in effect of	evision program ("substitut your cable system substitut 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 substitut rogram was carried by you- ried by a system from 6:0 m was substituted for prog- during the accounting perio-	ted for the proper teneral instruct am titles, for e "No." ram. he station is like e station is ide program. Use tation is ide program. Use tation is identified by the following that is the station of the program in the station is the station is identified to the station is identified to the station in the station in the station is identified to the station in the	ogramming ions for functions functions for f	g of another rther inform I Love Lucy the FCC or als, with the etimes accument should be the fitted provided by the listed provided by the listed provided provided by the listed provided provi	r station ation. " or -, in month arately e			
	Tellect off October 19, 1970										
						N SUBST	_				
		UBSTITUT	E PROGRAM		CARRI	AGE OCC	CURRED	7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM 3. STATION'S CALL SIGN			AGE OCC	_				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCO	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCC	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCC	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCC	CURRED TIMES				
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		UBSTITUT	3. STATION'S		5. MONTH	AGE OCC	CURRED TIMES				
		UBSTITUT	3. STATION'S		5. MONTH	AGE OCC	CURRED TIMES				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC		(STEM I	
<b>K</b> 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 trans (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	mission service		
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 108	108,677.83	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•	
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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(		
	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 accounting period is \$52.00	this 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	-		
	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)		
	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	=		
	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			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00		
Due	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 #			
	<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 mental sections.			

Accounting Period:	2021/1						FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:					SYSTEM ID# 062601
M Channels	1. Enter the total system carried t  2. Enter the total on which the cal	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television b		uring the acc	ounting period.	tions	7 45
N Individual to Be Contacted		BE CONTACTED IF FURTHE	R INFORMATION IS NEEDED (10	dentify an indi	ividual to whom		
for Further Information	Name	RODNEY HASKINS			Telep	phone (903) 579-3	152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)	ent, or suite number)				
	Email		INS@ALTICEUSA.COM		Fax (optional)		
	CERTIFICATION (	This statement of account mu	st be certified and signed in accord	dance with Co	ppyright Office regula	tions)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	e,but only one, of the boxes.)				
	(Owner	other than corporation or pa	rtnership) I am the owner of the ca	ble system as	s identified in line 1 of	space B; or	
			ion or partnership) I am the duly a vner is not a corporation or partners		ent of the owner of the	cable system as identif	fied
		er or partner) I am an officer (if ne 1 of space B.	a corporation) or a partner (if a par	tnership) of the	e legal entity identified	d as owner of the cable	system
		, and correct to the best of my	ereby declare under penalty of law knowledge, information, and belief,			1 herein	
			X /s/ Alan Dannenba	um			
			Enter an electronic signature on the l Enter signature using an "/s/ signatur				
		Typed or printed	name: ALAN DANNENBA	AUM			
			SVP, PROGRAMMING	ship)			
		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 fling, a determination that would be made by a court of law.

Accounting Period: 2021/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062601 **CEQUEL COMMUNICATIONS LLC** 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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. **Interest Assessment** davs 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. 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

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

ID number

First community served Accounting period