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)			<u>coplicsoa@copyright.gov</u>				
	uctions 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				
				7				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))					
			Davied 2 - July 4 December 24					
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		-						
	20212	Barcode Data Filing Period (optiona	I - see instructions)					
Accounting		1						
Period								
	Instructions:							
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par	-	sidiary of another corporation, give the full	corporate				
_								
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 single statement of account and royalty		the last day of the accounting period shoul	d submit a				
		ee payment covering the entire accou	nting period.	063584				
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.					
			_					
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ					
	CEQUEL COMMUNICATIONS LLC							
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	T)					
	SUDDENLINK COMMUNICATIONS							
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
	3027 S SE LOOP 323	umber)						
	(Number, street, rural route, apartment, or suite r	umber)						
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any busi							
System	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 SOUTHEAST CORRECTIO	NAL FACILITY						
	MAILING ADDRESS OF CABLE SYSTEM							
	2 (Number, street, rural route, apartment, or suite r	number)						
	(City, town, state, zip code)							
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this				

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063584
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 film	ted communities within unincorporated areas and including single, tyou list will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
		07475
First	CITY OR TOWN CHARLESTON	STATE MO
Community	(SOUTHEAST CORR)	
d Rows as Necessary		
	ากทางการการการการการการการการการการการการการก	

								FORM SA1-	-
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							06358
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCF	RIBERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission	on of television	and ra	adio broadcasts	by your sy	/stem to subscri	bers. Give	information	
Secondary Transmission	about other services (including plast day of the accounting period						inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	•				,	ble system	, broken	
scribers and	down by categories of secondar	,							
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ne and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc								
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additio	nal sets would l	be include	d in the count ur	nder "Servi	ce to the	
	first set" and would be counted o								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,		, 0	
	sufficient.	,	5			•			
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBOCIVID			U/LI		(VIOL	SOBSCIUDEIUS	
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		78	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC					ll vour achla av	tom'o oon	viene that ware	
F	In General: Space F calls for rain not covered in space E, that is, t		,						
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur enter only the letters "PP" in the		usuall	y billed. If any r	ates are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:			he cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> 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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			lation: Non-res	idential				
	• Pay cable	-		otel, hotel					
	Pay cable—add'l channel	-		ommercial					
	Fire protection			y cable					
	•Burglar protection			iy cable-add'l ch	nannel				
	Installation: Residential			e protection					
	• First set	-		Irglar protection					
	Additional set(s)	-		services:					
	• FM radio (if separate rate)			econnect		-			
	Converter			sconnect					
				utlet relocation		-			

	2021/1 FORM SA1-2E. P							
Name	LEGAL NAME OF OWNER OF			SYSTEM ID: 063584				
	CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION							
G rimary smitters: levision	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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. • 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. <i>Do not</i> 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 fo							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KBSI-1	23		CAPE GIRARDEAU, MO				
	KBSI-1 KFVS-1	23		CAPE GIRARDEAU, MO				
as Necessary	KFVS-1	12	N	CAPE GIRARDEAU, MO				
as Necessary	KFVS-1 WDKA-1	12 49	<u> </u>	CAPE GIRARDEAU, MO PADUCAH, KY				
Necessary	KFVS-1 WDKA-1 WPSD-1	12 49 6	I N 1	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY				
Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1	12 49 6 12.2	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY				
Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	<u> </u>	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1	12 49 6 12.2	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY				
s as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
vs as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
/s as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
us as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
us as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
is as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
is as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
us as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				
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vs as Necessary	KFVS-1 WDKA-1 WPSD-1 KFVS(WQWQ)-1 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL				

EGAL NAME OF								SYSTEM   0635
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein to the Co sign of o the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a 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 this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALE GIGIN		5,0		ON LE OIGN		3,0		
						<u> </u>		
			·					
			·			<b> </b>		
					·			

Accounting Perio								ORM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		:					SYSTEM ID
	CEQUEL COMMUNICA	ATIONS LLC						063584
_	SUBSTITUTE CARRIAGI	E: SPECIAL S	TATEME	NT AND PROGRAM	LOG			
	In General: In space I, ident							
	substitute basis during the a explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				or the general i		n ine pape	er SA 1-2 101111.
Special	During the accounting per				basis, anv no	nnetwork te	levision p	rogram
Statement and Program Log	broadcast by a distant sta	•	,	<b>,</b>	, ,		YES	
• •	<b>Note:</b> If your answer is "No		t of this na	ae blank lf vour answ	er is "Ves " voi	must com		
	log in block 2.	, leave the lest	t of this pa	ge blank. If your answ	eris res, you	i musi com	hete the p	nogram
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	a distant station a egulations, or au ries like "movies" Bulls." m was broadcas sign of the statio adcast station's nadian stations, i nth and day whe ve "5/7." we when the sub	and that yu ithorization " or "bask on broadc location (t if any, the en your sys bstitute pro	our cable system subs ns. See page (v) of the etball." List specific pro- er "Yes." Otherwise end asting the substitute pro- the community to which community with which stem carried the substi- ogram was carried by y	tituted for the p general instru ogram titles, for ter "No." rogram. In the station is In the station is tute program. I your cable syste	rogrammin ctions for fu example, " licensed by dentified). Jse numera em. List the	g of anoth rther infor I Love Luc the FCC als, with th times acc	er station mation. cy" or or, in ne month curately
	<b>Column 7:</b> Enter the lett to delete under FCC rules a	and regulations i	in effect d	uring the accounting p	eriod; enter the	e letter "P" if	the listed	
	Column 7: Enter the lett	and regulations i	in effect d	uring the accounting p	eriod; enter the under FCC rule	e letter "P" if es and regu	the listed the listed	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations i nming that your UBSTITUTE PF	in effect d system wa	uring the accounting p as permitted to delete	eriod; enter the under FCC rule WH CARF	e letter "P" it es and regu EN SUBST	i the listed lations in ITUTE CURRED	7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations i nming that your UBSTITUTE PF 2. LIVE? 3. S	in effect d system w	uring the accounting p as permitted to delete	eriod; enter the under FCC rule WH CARF 5. MONTH	EN SUBST	the listed lations in	7. REASON FOI DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations i nming that your UBSTITUTE PF 2. LIVE? 3. S	in effect d system w ROGRAM	uring the accounting p as permitted to delete	eriod; enter the under FCC rule WH CARF 5. MONTH	EN SUBST	TITUTE TIMES	7. REASON FO DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations i nming that your UBSTITUTE PF 2. LIVE? 3. S	in effect d system w ROGRAM	uring the accounting p as permitted to delete	eriod; enter the under FCC rule WH CARF 5. MONTH	EN SUBST	TITUTE TIMES	7. REASON FO DELETION
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Accounting Period:	<b>2021/1</b> FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Hame	CEQUEL COMMUNICATIONS LLC 063584
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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 this six-month 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
	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 \$137,100)
	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
	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 \$ 263,800.00
	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)
	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 #
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063584
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 and nonbroadcast services	7 42
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom 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)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <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 E</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 own 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 herein 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> </ul>	ystem as identified
	X       /s/ Alan Dannenbaum         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.

QUEL COMMUNICATIONS LLC       063         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:       Image: Concerning Gross amounts paid to the cable system of 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.°       P         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.       Section Section 110.°		021/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statelite throme Viewer Act of 1988 amended Title 17, section 111(1)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary broad-cast transmitters, the system shall not include sub- sordners and amount collected from subscribers receiving secondary transmissions include and amount collected from subscribers receiving secondary transmissions coaled in the paper SA1-2 form. Ouring the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite dish owners? INO VES. Enter the total here and list the satellite carrier(s) below. Simal constraints on whethere are adjusted for the subscriber submitted as a result of a late payment or underpayment. For more explanation of interest rates or you'le you ments submitted as a result of a late payment or underpayment. For an explanation of interest rates' and enter the sum here. x 0.00274 Line 1 Enter the amount of days late and enter the sum here. x 0.00274* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NO * To view the interest rate chart click on www.copyright gov/licens/ng/infreest-rate.pdf. For further assistance please contract the Licensing Division at (202) 707-9160 or licensing/Gocyright.pov/licens/ng/infreest-rate.pdf. For further assistance please contract the Licensing Division at (202) 707-9160 or licensing/Gocyright.pov/licens/ng/infreest-rate.pdf. For further assistance please contract the Licensing Division at (202) 707-9160 or licensing/Gocyright.pov/licens/ng/infreest-rate.pdf. For further assistance please contract the Licensing Division at (202) 707-9160 or licensing/Gocyright.pov/licens/ng/infreest-rate.pdf. For further assistance please contract the Licensing Division at (202) 707-9160 or licensing/Gocyright.pov/licens/ng/infreest-rate.pdf.	AL NAME OF OW	IER OF CABLE SYSTEM:	SYSTEM I
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following serience: P   The determining the total number of subscribers and the gross amounts gaid to the cable system for the basic scribers 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 (NI) of the general instructions located in the paper SA1-2 form. Special Statemet Concerning Co	QUEL COMM	JNICATIONS LLC	06358
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?         ▼ NO         ▼ ES. Enter the total here and list the satellite carrier(s) below.       \$	The Satellite He lowing sentenc "In dete service scribers	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 Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?       NO         YES. Enter the total here and list the satellite carrier(s) below			
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address         Mailing Address       Maining Address         INTEREST ASSESSMENT       Name         You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image Address         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image Address         Line 1       Enter the amount of late payment or underpayment.       x	made by satelli		
Name       Name         Maling Address       Maling 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         Line 1       Enter the amount of late payment or underpayment		the total here and list the satellite carrier(s) below \$	
Mailing Address       Mailing Address       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are result of a late payment or underpayment.       Image: Complete this worksheet for those result of a late payment or			
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You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 4			
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment         Line 1       Enter the amount of late payment or underpayment		REPORT	
Line 1       Enter the aniduit of rate payment of underpayment	You must comp	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter t	e amount of late payment or underpayment	Interest Assessme
x		x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply	line 1 by the interest rate* 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         \$		x days	
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         \$	Lino 2 Multiph	line 2 by the number of days late and enter the sum here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		· · · ·	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>\$</u> (interest charge) * 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 ID number First community served			
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list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	in space * To view th	L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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