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		
General instru	ems (Short Form) actions are located of this workbook	8/30/21	\$ ALLOCATION NUMBER	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	20211	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period					
В	Instructions: 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 whic	ch the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period shoul nting period.	d submit a	
	Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	009036	
	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 (Number, street, rural route, apartment, or suite n	umber)			
	TYLER, TX 75701 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	1 SAN SABA, TX				
	MAILING ADDRESS OF CABLE SYSTEM	:			
	2 (Number, street, rural route, apartment, or suite n	umber)			
	(City, town, state, zip code)				
	נטוני, נטאוו, אמופ, צוף נטעפן				
Privacy Act Notic	e: 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	

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 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 I
	CEQUEL COMMUNICATIONS LLC	00903
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor 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 fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	SAN SABA	ТХ
Community		
dd Rows as Necessary		

	1							FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							TEM ID		
	CEQUEL COMMUNICAT	TIONS LLC							00903		
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES						
E	In General: The information in s			-		•					
0	system, that is, the retransmission										
Secondary Transmission	about other services (including p						lnose exist	ing on the			
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 transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular serv Rate: Give the standard rate c					•	,	ro and the			
	unit in which it is generally billed	-	-	•			-				
	category, but do not include disc	• •	,		ny standa		5 within a				
	Block 1: In the left-hand block	in space E, th	e form li	sts the catego	ies of sec	ondary transmis	sion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			-		•					
	subscriber who pays extra for ca					0,	•				
	first set" and would be counted of										
	Block 2: If your cable system	-		•							
	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 s	service is			
	Sufficient. BLOCK 1						BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE		
	Residential:	SUBSCRIB	ERS	NATE	CAT	EGORT OF SE	VICE	SUBSCRIBERS	TVA II		
	Service to first set		24	34.99							
	Service to additional set(s)			54.55							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		15	45.95							
	Converter		13	45.55							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S						
F	In General: Space F calls for rate	te (not subscril	oer) info	mation with re	spect to a	Il your cable sys	stem's serv	vices that were			
Г	not covered in space E, that is, t					,	,				
Services	service for a single fee. There ar furnished at cost or (2) services	•			•						
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		,	,		5		5 ,			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other set brief (two- or three-word) description and include the rate for each.										
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICF	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			tion: Non-res							
	• Pay cable	17.00	• Mot	el, hotel							
	• Pay cable—add'l channel	19.00		nmercial							
	Fire protection			cable							
	•Burglar protection		-	cable-add'l ch	annel						
	Installation: Residential		-	protection							
	• First set	99.00		, glar protection							
	 Additional set(s) 	25.00		ervices:							
	• FM radio (if separate rate)			onnect		40.00					
	• Converter			connect							
			• Out	et relocation		25.00					
					ess	25.00 99.00					

unting Period:	2021/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	SYSTEM ID 00903						
	CEQUEL COMMUNICATIONS LLC							
G Primary ransmitters: Television	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 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				
	KCEN-1	6	N	TEMPLE, TX				
	KNCT-1	46	E	BELTON, TX				
as Necessary	KRMA-1	6	E	DENVER, CO				
s Necessai y	KWKT-1		E	WACO, TX				
	KWTX-1	10	N	WACO, TX				
	KWTA-1 KXXV-1	25	N	WACO, TX WACO, TX				
	KXXV-1 KYLE-1	25	IN	BRYAN, TX				
		i i						

CEQUEL CO	OWNER OF COMMUNICA							SYSTEM 0090
	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 stem whenever it is received a ved at the headend, with the 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 ant this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ige (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	
GALL SIGN		3/0	LOCATION OF STATION	GALL SIGN		5/0	LOCATION OF STATION	
						 		
						 		
						<u> </u>		

						FUR	M SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 009036			
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
Substitute	In General: In space I, iden substitute basis during the a	tify every nonnetwork accounting period, ur	<i>television program,</i> broadcast b der specific present and former F uded in this log, see page (v) of	y a <i>distant</i> sta FCC rules, reg	ulations, or a	uthorizatio	ns. For a further			
Carriage:				and general int						
Special			system carry, on a substitute ba	asis. anv noni	network telev	ision prod	Iram			
Statement and Program Log	broadcast by a distant sta	•	, , , , , , , , , , , , , , , , , , ,	, ,		YES	× NO			
r rogram zog			his nage blank. If your answer i	is "Ves " vou i	must comple					
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Call Column 5: Give the mon first. Example: for May 7 git Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules	of every nonnetword a distant station and egulations, or author ries like "movies" or . Bulls." m was broadcast liv sign of the station b adcast station's loca hadian stations, if an nth and day when ye ve "5/7." les when the substit . Example: a progra ter "R" if the listed p and regulations in e	k television program ("substitut that your cable system substitut izations. See page (v) of the ge "basketball." List specific progr e, enter "Yes." Otherwise enter roadcasting the substitute prog tion (the community to which th y, the community with which th bur system carried the substitut ute program was carried by you m carried by a system from 6:0 ogram was substituted for prog fect during the accounting perio	ited for the pro- eneral instruct am titles, for e "No." gram. he station is li- he station is li- he station is id e program. U- ur cable syste 1:15 p.m. to 6 gramming that	ogramming c ions for furth example, "I L censed by th entified). se numerals m. List the tin 5:28:30 p.m. t your systen	of another er informa ove Lucy" e FCC or, , with the r mes accur should be n was <i>requ</i>	station ation. or in month ately <i>uired</i>			
			em was permitted to delete une				ogram			
	effect on October 19, 1976		em was permitted to delete un	der FCC rules	and regulat	UTE				
	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FOR DELETION			
	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI	and regulat	UTE	7. REASON FOR			
	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FO			
	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FOR			
	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FOR			
	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FO			
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	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FOR			
	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FOR			
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	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FOR			
	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FOR			
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	effect on October 19, 1976	UBSTITUTE PROC	BRAM	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIM	UTE RRED MES	7. REASON FOR			

Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC 009036
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	 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 \$263,80(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
	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
	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 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 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# 009036
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 56
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 Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	(903) 579-3152
	TYLER, TX 75701 (City, town, state, zip) Email RODNEY,HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Marce T 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) 	system as identified wner of the cable system

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

AL NAME OF OWI	2021/1	FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM
QUEL COMM	UNICATIONS LLC	00903
The Satellite He lowing sentenc "In dete service scribers	rmining 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 Exclusion
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
You must comp	blete 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
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessme
	x	
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	
	·	
	xdays	
Line 3 Multiply	y line 2 by the number of days late and enter the sum here	
Line 3 Multiply		
Line 4 Multiply	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o Owner Address	y line 2 by the number of days late and enter the sum here	

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