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	_				
Cable Syste	of this workbook	8/30/21	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> 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	II - 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		osidiary 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 f		n the last day of the accounting period shoul inting period.					
	Check here if this is the system's first filin	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	000915				
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	М					
	CEQUEL COMMUNICATIONS LLC							
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	IT)					
	SUDDENLINK COMMUNICATIONS							
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite r							
	TYLER, TX 75701 (City, town, state, zip)	under)						
С	INSTRUCTIONS: In line 1, give any busi							
	names already appear in space B. In line	2, give the mailing address of t	the system, if different from the addre	ess given in space B				
System	1							
	MAILING ADDRESS OF CABLE SYSTEM	1:						
	2 (Number, street, rural route, apartment, or suite r	number)						
	(City, town, state, zip code)							
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect the	he personally identifying information (PII) reque	ested on this				

Final of 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.

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	CEQUEL COMMUNICATIONS LLC	000
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated comm	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	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 hom	ne parks should be reported in parentheses below the
Area	identified city.	
Served		
	L	
	CITY OR TOWN	STATE
First	LECOMPTE	LA
Community	CHENEYVILLE	LA
	FOREST HILL	LA
··· · ··· ··· ··· Nocossary		LA
Add Rows as Necessary		
	KOLIN	LA
	MCNARY	LA
	RAPIDES PARISH (PORTION)	LA
	WOODWORTH	LA

	I							FORM SA1-		
Name	LEGAL NAME OF OWNER OF C									
	CEQUEL COMMUNICAT		00091							
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Coordon	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									
Secondary Fransmission	last day of the accounting period						lnose exist	ing on the		
Service: Sub-	Number of Subscribers: Both						ble system	, broken		
scribers and	down by categories of secondary						•			
Rates	each category by counting the n			0,0			,	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 categor	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						•			
	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 sufficient.	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the s	service is		
		DCK 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	NATE	
	Service to first set		666	34,99						
	Service to additional set(s)			54.55						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		24	45.95						
	Converter		27	45.35						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
F	In General: Space F calls for rate	•	,		-	• •				
Г	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	rate column.		-		-		0		
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 services in the form of a									
	brief (two- or three-word) descrip									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:			tion: Non-resi						
	• Pay cable	17.00	• Mot	el, hotel						
	• Pay cable—add'l channel	19.00	• Con	nmercial						
	Fire protection		• Pay	cable						
	•Burglar protection		•Pay	cable-add'l ch	annel					
	Installation: Residential		• Fire	protection						
	• First set	99.00	• Bur	glar protection						
	 Additional set(s) 	25.00		ervices:						
	• FM radio (if separate rate)		• Rec	onnect		40.00				
	• Converter		• Disc	onnect						
			• Out	et relocation		25.00				
				et relocation e to new addre	ess	25.00 99.00				

				FORM SA1-2E. I SYSTE				
ame	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G mary mitters: vision	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here	entify every television station (including i m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	 (1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su 	-time basis under rams [sections ations carried on a ubstitute program				
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	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	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. SPN, etc. Identify each port multistream				
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	a case whether the station is a network s ering the letter "N" (for network), "N-M" (i "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station ne community with which the station	pendent), "I-M" tional multicast). n is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KALB-1	5	Ν	ALEXANDRIA, LA				
	KALB-2	5.2	N-M	ALEXANDRIA, LA				
as Necessary	KALB-3	5.3	I-M	ALEXANDRIA, LA				
	KALB-HD1	5	N-M	ALEXANDRIA, LA				
		5.0						
	KALB-HD2	5.2	N-M	ALEXANDRIA, LA				
	KALB-HD2 KBCA-1		N-M I	ALEXANDRIA, LA ALEXANDRIA, LA				
		•••••••••••••••••••••••••••••••••••••••						
	KBCA-1	41		ALEXANDRIA, LA				
	KBCA-1 KLAX-1	41 31	l N	ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2	41 31 31.2	i N i-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1	41 31 31.2 31	I N I-M N-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1	41 31 31.2 31 25	I N I-M N-M E	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2	41 31 31.2 31 25 25.2	i N i-M N-M E E E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3	41 31 31.2 31 25 25.2 25.3	I N I-M N-M E E E-M E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1	41 31 31.2 31 25 25.2 25.3 25 31	I N I-M N-M E E E-M E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	i N I-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	i N I-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	i N I-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
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	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
	KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				

LEGAL NAME O									SYSTEM I 0009
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: C	i it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	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	at th sys this sed	ne system's hea stem's FM ante s point, see pag l by the cable s station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se ed by the FC	!) it can ertain st eneral ir eparate a	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	
				Ħ					

Accounting Perio							FO	RM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 000915		
	SUBSTITUTE CARRIAG	SE: SPECI	AL STATEME	ENT AND PROGRAM L	.0G					
I Substitute	In General: In space I, ider substitute basis during the explanation of the program	accounting p	period, under sp	pecific present and former	FCC rules, reg	julations, or	authorizat	ions. For a further		
Substitute Carriage:	1. SPECIAL STATEMEN				r the general in					
Special	During the accounting per				pasis any noni	network tel	evision pro	ogram		
Statement and Program Log	broadcast by a distant station?									
• •	Note: If your answer is "N		a roat of this pr	an blank. If your anowor	ie "Vee " veuu	- must somn	. –			
	log in block 2.	0, leave life	e lest of this pa	ge blank. Il your answei	is res, your	must comp	iete trie pr	ogram		
	period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the bro the case of Mexican or Ca	a distant sta regulations, pries like "me s. Bulls." am was broa all sign of the padcast stati anadian stati poth and day	ation and that y or authorizatio ovies" or "bask adcast live, ent station broadc ion's location (ions, if any, the	ns. See page (v) of the g tetball." List specific prog er "Yes." Otherwise ente casting the substitute pro the community to which e community with which t rstem carried the substitu	uted for the pro- general instruct gram titles, for e or "No." gram. the station is li the station is id ute program. U	ogramming tions for fur example, "I censed by lentified). se numera	of anothe ther inform Love Lucy the FCC o Is, with the	r station nation. y" or r, in e month		
	first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the left to delete under FCC rules	nes when th s. Example: " tter "R" if the and regulat	a program car e listed prograr tions in effect d	ried by a system from 6: n was substituted for pro luring the accounting per	01:15 p.m. to 6 ogramming that riod; enter the	5:28:30 p.m t your syste letter "P" if	i. should b em was <i>rec</i> the listed p	e quired		
	first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the left to delete under FCC rules was substituted for progra effect on October 19, 1976	nes when th s. Example: " tter "R" if the and regulat mming that 6.	a program car e listed prograr tions in effect c your system w	ried by a system from 6: n was substituted for pro luring the accounting per as permitted to delete un	01:15 p.m. to 6 ogramming tha riod; enter the nder FCC rules WHE	5:28:30 p.m t your syste letter "P" if s and regul	i. should b em was <i>rec</i> the listed p ations in TUTE	e quired program		
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Accounting Period:	2021/1 FORM SA	1-2E. PAGE 6.
Name		STEM ID#
Hame	CEQUEL COMMUNICATIONS LLC	000915
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 of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission services (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.	,209.43
	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	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	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 \$ 181,209.43	
	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)	493.09
		0.00
	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	493.09
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00	
	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) \$ 493.09	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	513.09
	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# 000915
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	15 243
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	(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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 ow 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 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)]	system as identified mer of the cable system
	(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.

	021/1	FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMM	UNICATIONS LLC	0009
The Satellite Ho lowing sentence "In deter 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 Statemen Concerning Gros Receipts Exclusio
located in the p	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?	
	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 th	ne amount of late payment or underpayment	Interest Assessme
	x	
Line 2 Multinh	/ line 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multiply	line 2 by the number of days late and enter the sum here	
	x 0.00274	
Line 4 Multiply	line 3 by 0.00274** and enter here	
in space	L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	(interest charge)	
	e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
-	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Owner Address		
Address		
	/ served	

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