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	FOR COPYRIGHT OFFICE USE ONLY					
	ary Transmissions by	DATE RECEIVED	AMOUNT	-				
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>				
			\$	For additional information, contact the U.S. Copyright				
General instru	uctions are located	03/01/2022		Office Licensing Division at				
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.				
Α	ACCOUNTING PERIOD COV	ERED BY THIS STATEMENT: (Y	YYY/(Period))					
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20212 Barcode Data Filing Period (optional	- see instructions)					
Accounting								
Period								
	Instructions:	wner of the cable system. If the owner is a subsi	idiary of another corporation, give the full corr	porate title				
В	of the subsidiary, not that of the							
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.	025311				
	LEGAL NAME OF OWNER	MAILING ADDRESS OF CABLE SYSTEM						
	CEQUEL COMMUNICATION	SLLC						
	BUSINESS NAME(S) OF OW	NER OF CABLE SYSTEM (IF DIFFERENT	Γ)					
	SUDDENLINK COMMUNICA	TIONS						
	MAILING ADDRESS OF OW	NER OF CABLE SYSTEM						
	3027 S SE LOOP 323							
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701							
	(City, town, state, zip)							
С		ny business or trade names used to ide . In line 2, give the mailing address of th						
System	IDENTIFICATION OF CABLE SY							
System	1 NEOSHO, MO							
	MAILING ADDRESS OF CABLE	SYSTEM:						
	2							
	2 (Number, street, rural route, apartment	, or suite number)						
	(City, town, state, zip code)							

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

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
Name	CEQUEL COMMUNICATIONS LLC	02531						
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 l	ommunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known						
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	NEOSHO	MO						
Community	NEWTON COUNTY(PORTION)	MO						
dd Rows as Necessary								

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID									
	CEQUEL COMMUNICAT			02531							
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
Cocondom	system, that is, the retransmission										
Secondary Transmission	about other services (including partice						nose exis	ing on the			
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> 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					•	,	na and tha			
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	· ·			ny stanua		s within a				
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not			-		-					
	categories, that person or entity subscriber who pays extra for ca						•				
	first set" and would be counted of										
						service that are	different f	rom those			
	<b>Block 2:</b> 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 a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	on of the	service is			
	sufficient.	OCK 1					BLOCK	<pre>/ 0</pre>			
		NO. OF					BLUUR	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		888	34.99							
	<ul> <li>Service to additional set(s)</li> </ul>										
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel										
	Commercial		47	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	· · · · · ·					·····	·····			
F	In General: Space F calls for ra not covered in space E, that is, t	•	,		•						
-	service for a single fee. There a										
Services	furnished at cost or (2) services	•			0		0.0	,			
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are cl	narged on a vari	able per-p	rogram basis,			
Secondary	enter only the letters "PP" in the		ha aahl		ab af tha	annliachte com i	an linted				
ransmissions: 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										
Rules	BIOCK 2: List any services that your cable system turnished 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	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Installa	ation: Non-res	idential						
	• Pay cable	17.00	• Mot	tel, hotel							
	Pay cable—add'l channel	19.00	• Cor	nmercial							
	Fire protection		• Pay	/ cable							
	•Burglar protection		• Pay	/ cable-add'l ch	annel						
	Installation: Residential		• Fire	e protection							
	• First set	99.00	• Bur	glar protection							
	<ul> <li>Additional set(s)</li> </ul>	25.00		services:							
	• FM radio (if separate rate)		• Red	connect		40.00					
	• Converter		• Dis	connect							
	Conventer			001111000							
	Converter		• Out	let relocation		25.00					
	Converter				ess	25.00 99.00					

	2021/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Nume	CEQUEL COMMUNICATIONS LLC								
	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, <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:								
	station was carried only on			6,					
	basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t		, see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo	ons. PN, etc. Identify each ort multistream					
	<b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	<ul> <li>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.</li> <li>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).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> <li>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.</li> </ul>							
				I					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KFJX-1	14	<b>I</b>	PITTSBURG, KS					
	KFJX-2	14.2	I-M	PITTSBURG, KS					
dd Rows as Necessary	KFJX-HD1	14	I-M	PITTSBURG, KS					
	KFJX-HD2	14.2	I-M	PITTSBURG, KS					
	KOANA	7	Ν						
	KOAM-1	1	IN	PITTSBURG, KS					
	KOAM-1 KOAM-HD1	7	N-M	PITTSBURG, KS PITTSBURG, KS					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KOAM-HD1 KODE-1	7 12	N-M N	PITTSBURG, KS JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1	7 12 12 26	N-M N N-M E	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1	7 12 12 26	N-M N N-M E	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					
	KOAM-HD1 KODE-1 KODE-HD1 KOZJ-1 KSNF-1	7 12 12 26 16	N-M N N-M E N	PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO					

LEGAL NAME O								SYSTEM 025
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou rm. dentify the call state whether t i the radio stati	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	It the system's he system's FM ant his point, see pa	eadend, and (: enna, during c ge (v) of the g	2) it can certain s jeneral ir	be expected, ated intervals. astructions in the.	Primary Transmitter Radio
Column 4: C	Give the station	n's locati	the community with which the			CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					 	·		

	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					025311
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion, that vo	our cable sve	stem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorizatio	ons. For a further
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions ir	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the pro	gram
	log in block 2.							0
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs				s wherever p	ossible, if t	heir meanin	ig is
	clear. If you need more spa			rows to the tables. /ision program ("substitute	program") t	hat during	the accourt	ting
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for fur	ther informa	ation.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy'	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	er "Yes." Otherwise enter '	'No "			
				asting the substitute progr				
				he community to which the			the FCC or,	, in
	the case of Mexican or Car			community with which the stem carried the substitute			le with the	month
	first. Example: for May 7 give		when your sys		program. U	se numera	is, with the	monun
	Column 6: State the time	es when the		ogram was carried by you				
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.m	i. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for progr	ramming that	vour syste	m was requ	uired
	to delete under FCC rules a							
	was substituted for program	• •	your system w	as permitted to delete und	ler FCC rules	and regul	ations in	
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCC	URRED	7. REASON FOR
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	3. STATION'S			AGE OCC		7. REASON FOR DELETION
		2. LIVE?		4. STATION'S LOCATION	CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		

Accounting Period:	2021/2 FOR	M SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 025311
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 tol all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	rvice
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 \$263,800 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.	
	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-mon accounting period is \$52.00. Line 1. Royalty fee for accounting period	th
	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 \$ 233,979.09	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 233,979.0	9
	5. Enter the amount from line 3	1
	6. Subtract line 5 from line 4	8
	7. Multiply line 6 by .005 (enter figure here)	1,020.79
	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	1,020.79
	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) \$ 1,319.0	0
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)       \$ 1,020.7	9
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.0	0
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	1,040.79
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrigin See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informated and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instruction of the general instruction of the general instructions in the paper SA1-2 form and the transmission of the general instruction of the g	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 025311
<b>M</b> Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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	ns 
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	259
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telepho	ne <b>(903) 579-3152</b>
	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)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation.</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of sp</li> </ul>	
	<ul> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the calin 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 a 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 h 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>	s owner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 2/1/2022	

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

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
QUEL COMMUNICATIONS LLC	025311
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- lowing sentence: "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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement 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	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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) * 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	

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