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		T FOR COPYRIG	GHT OFFICE USE ONLY	<ul> <li>Return completed workbook by email to</li> </ul>					
	ary Transmissions by	DATE RECEIVED	AMOUNT	-					
	ems (Short Form)			coplicsoa@copyright.gov					
-			\$	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 C	OVERED 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:	he owner of the cable system. If the owner is a subsi	diary of another corporation, give the full corr	oorate title					
В	of the subsidiary, not that of								
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 syste	em's first filing. If not, enter the system's ID number	assigned by the Licensing Division.	002706					
	LEGAL NAME OF OWN	IER/MAILING ADDRESS OF CABLE SYSTEM							
	CEQUEL COMMUNICATIONS LLC								
	BUSINESS NAME(S) OF	OWNER OF CABLE SYSTEM (IF DIFFERENT	7)						
	SUDDENLINK COMMUN	ICATIONS							
	MAILING ADDRESS OF	OWNER OF CABLE SYSTEM							
	3027 S SE LOOP 323								
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701								
	(City, town, state, zip)								
С		ve any business or trade names used to ide e B. In line 2, give the mailing address of th							
System									
Cystom	1 INGRAM, TX								
	MAILING ADDRESS OF CAI	BLE SYSTEM:							
	2 (Number, street, rural route, apart								
	<ul> <li>(Number, street, rural route, apart</li> </ul>	iment, or suite number)							
	(City, town, state, zip code)								
L									

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	002700
D	Instructions: List each separate community served by the cable system. A "communi "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 h	mmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	identified city.	tome parks should be reported in parentices below the
	CITY OR TOWN	STATE
First	INGRAM	ТХ
Community	HUNT	TX
	KERR COUNTY(PORTION)	TX
d Rows as Necessary		

	FORM SA1-2E. PA										
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID 00270									
	CEQUEL COMMUNICATIONS LLC										
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in s	•		-		•					
Cocondom	system, that is, the retransmission					•					
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (lune 20 or December 21 or the case may be)										
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	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular serv					•	,	no and the			
	<b>Rate:</b> Give the standard rate of 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				ies of sec	condary 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										
						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										
		and rates, in th	e right-h	and block. A tv	A two- or three-word description of the service is						
	Sufficient.						BLOCK	( )			
		NO. OF					BLUUR	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		135	34.99							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		16	45.95							
	Converter										
	Residential										
	Non-residential										
			1								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	5						
F	In General: Space F calls for ra	•	,		•						
	•	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services									
Services	furnished at cost or (2) services	•	2		•		0.0				
Other Than											
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.										
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<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) descrip										
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE		
	Continuing Services:	RATE		tion: Non-resi		RAIE	CATEG	JRT OF SERVICE	RAIL		
	• Pay cable	17.00		el, hotel	dential						
	Pay cable—add'l channel	19.00		nmercial							
		13.00		cable							
	Fire protection     Burglar protection			cable-add'l ch	annel						
	Installation: Residential		-	protection							
	• First set	99.00		glar protection							
		33.00		ervices:							
		25.00									
	<ul> <li>Additional set(s)</li> </ul>	25.00				40.00					
	• Additional set(s) • FM radio (if separate rate)	25.00	• Rec	onnect		40.00					
	<ul> <li>Additional set(s)</li> </ul>	25.00	• Rec • Disc	onnect connect							
	• Additional set(s) • FM radio (if separate rate)	25.00	• Rec • Disc • Outl	onnect		40.00 25.00 99.00					

				FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O			SYSTEM ID 00270				
	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:         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.         • List the 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 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 CANADAL							
	KABB-1	29		SAN ANTONIO, TX				
	KENS-1	5	N	SAN ANTONIO, TX				
	KEINS-I		IN	SAN ANTONIO, IA				
		٥	E	SAN ANTONIO TY				
Rows as Necessary	KLRN-1	9	<u>Е</u>					
Rows as Necessary	KMYS-1	35	E 1	KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1	35 26	l l	KERRVILLE, TX UVALDE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1	35 26 12	E I N I	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1	35 26 12	l l	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				
Rows as Necessary	KMYS-1 KPXL-1 KSAT-1 KVHC-1	35 26 12 16	       	KERRVILLE, TX UVALDE, TX SAN ANTONIO, TX KERRVILLE, TX				

EGAL NAME OI								SYSTEM 0027
	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 for <b>Column 1:</b> Io <b>Column 2:</b> S	it is carried by monitoring, to prmation abou rm. dentify the call state whether t	y the sys be rece It the Co sign of the statio	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	at the system's h system's FM an his point, see pa	eadend, and ( tenna, during o ige (v) of the g	2) it can certain s eneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter: Radio
ignal, indicate <b>Column 4:</b> G	this by placing Give the station	g a chec n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licer	nsed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
					]			

Accounting reno	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					002706
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
1	In General: In space I, ident	-	-			tion that w	our cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	<ul> <li>During the accounting per</li> </ul>	-			sis anv nonr	network tel	evision prod	ram
Statement and				n oany, on a oabolitato ba	oio, any nom			
Program Log	broadcast by a distant sta					l	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 proo	gram
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. I lse abbreviations	wherever n	nssihla ift	heir meanin	a is
	clear. If you need more spa					5551510, 11 1		g 13
				vision program ("substitute	e program") tl	hat, during	the account	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "l	Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ente	er "Yes." Otherwise enter '	'No "			
				asting the substitute progr				
				he community to which the		censed by	the FCC or,	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day	when your sys	stem carried the substitute	e program. Us	se numera	ls, with the r	nonth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	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	n. snould be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	vour evet	m was rea	ured
	to delete under FCC rules a							
	was substituted for program							ogiani
1								
	effect on October 19, 1976.		,			and roga		
	effect on October 19, 1976.		,			and roga		1
					WHE	N SUBST	ITUTE	[
		UBSTITUT	E PROGRAM		WHE	N SUBST	ITUTE SURRED	7. REASON FOR DELETION
					WHE	N SUBST	ITUTE	7. REASON FOR DELETION
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		

Accounting Period:	2021/2 FORM SA	1-2E. PAGE 6.
Name		STEM ID#
Humo	CEQUEL COMMUNICATIONS LLC	002706
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.	,466.53 ss receipts)
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-month accounting period is \$52.00.	50.00
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	4. Enter the empirit of even reacists from even 1/	
	1. Enter the amount of gross receipts from space K	
	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	
	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)	
	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:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 002706
M 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 .         2. Enter the total number of activated channels on values on which the cable system carried television broadcast stations and nonbroadcast services .	s . 8 . 128
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephon	e (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)	
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 space</li> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as 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 here 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>	ce B; or le system as identified 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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
EQUEL COMMUNICATIONS LLC	00270
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.