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

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	03/01/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20212 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
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 singlestatement 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.	030047
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		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, zjp)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SENECAVILLE, OH MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CADLE STSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(Cfty, town, state, zip code)	

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.

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CEQUEL COMMUNICATIONS LLC	0300
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he	ome parks should be reported in parentheses below the
Served	identified city.	
Gerved		
	CITY OR TOWN	STATE
First	SENECAVILLE	ОН
Community	BYESVILLE	ОН
Community		
	JACKSON TWP	OH
Rows as Necessary	PLEASANT CITY	ОН
	QUAKER CITY	ОН
	SALESVILLE	ОН
	VALLEY TWP	ОН

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03004
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ng on the	
Transmission	last day of the accounting period Number of Subscribers: Both						le evetere	brokon	
Service: Sub- scribers and	down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	-not the num	nber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count und	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	ind block. A tw	vo- or thre	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		758	24.00					
			/ 30	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		14	45.95					
			14	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
E	In General: Space F calls for rat								
F	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	rate column.	-	-		-		5 ,	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				SHEU. LISU				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.00	• Mote	el, hotel					
	• Pay cable—add'l channel	19.00	• Con	nmercial					
	Fire protection		• Pay	cable					
			• Pay	cable-add'l ch	annel				
	 Burglar protection 		-						
	•Burglar protection Installation: Residential		 Fire 	protection					
	° .	99.00		protection lar protection					
	Installation: Residential	99.00 25.00	• Burg	•					
	Installation: Residential First set 		• Burç Other s	lar protection		40.00			
	Installation: Residential • First set • Additional set(s)		• Burç Other s • Rec	lar protection		40.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc	, lar protection ervices: onnect		40.00			

	2021/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		030047
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior	TELEVISION ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (th	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each
	of license. For example, WF Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	station, an independent station, or a for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio ictions in the paper SA1-2 form. the community to which the station i ne community with which the station	noncommercial endent), "I-M" onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBNS-1	10	Ν	COLUMBUS, OH
	WHIZ-1	18	Ν	ZANESVILLE, OH
Rows as Necessary	WHIZ-HD1	18	N-M	ZANESVILLE, OH
	WOUC-1	44	E	CAMBRIDGE, OH
	WSYX-1	6	Ν	COLUMBUS, OH
	WSYX-2	6.2	 	COLUMBUS, OH
	WTOV-1	9		
		.	N	STEUBENVILLE, OH
			N	STEUBENVILLE, OH
			N	STEUBENVILLE, OH
			N	STEUBENVILLE, OH
			N	STEUBENVILLE, OH
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				STEUBENVILLE, OH
			N	STEUBENVILLE, OH
				STEUBENVILLE, OH

LEGAL NAME OF								SYSTEM 030
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sy be rece it the Co l sign of the stati- ion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the community with which the	at the system's h e system's FM an this point, see pa ssed by the cable the station is lice	eadend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
		o :=				0.7		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					030047
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LC	G			
I I	In General: In space I, identi	-	-		-	ion. that vou	ır cable svste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm				e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	sion program	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the prograr	n
	log in block 2.			·				
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	
	clear. If you need more space Column 1: Give the title				program") that	it during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, rec							۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "basket	ball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.			
	Column 4: Give the broat the case of Mexican or Can						FCC or, in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	o by a system from 6:01	15 p.m. to 6:2	8:30 p.m. si	noula be	
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulatio	ons in	
								1
	s	UBSTITUT	E PROGRAM			EN SUBSTI IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					-/			
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Accounting Period:	2021/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
	CEQUEL COMMUNICATIONS LLC 030047
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 service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$63,800 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
	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
	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 \$ 204,032.87
	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 \$ 721.33
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
	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 \$ 741.33
	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.

Name ECAL NAME OF OWNER OF OWNER OF OWNER. SN M Channels CHANNELS SN M Channels Channels (1) the number of channels on which the cable system carried television brandcast attalons To a subschedule. 7 Individual to be abschedules, and (2) the cable system is and on which the cable system carried television brandcast attalons. 7 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalons. 7 Individual to be abschedules, and (2) the cable system is to add attalonsystem. 7 Indit t	Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of advances on which the cable system canned talevision broadcast stations in its absorbers, and (2) the cable system's total number of advanced channels during the accounting period. 1 Instructions: You must give (1) the number of advanced channels during the accounting period. 2 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable 1 Even the bid number of damanels and the cable and	Name			SYSTEM ID# 030047
Individual is be contacted for Further information Name RODNEY HASKINS Telephone (903) 579-3152 Address 3027 5 Set LOOP 323 Damber of submit minimum (Information) Telephone (903) 579-3152 TUER, TX 5701 TUER, TX 5701 Tuerty of submit minimum (Information) Control (rail noise), appendence of submit minimum (Information) Fax (optional) Certification Certification Fax (optional) • 1, the undersigned, hereby certify that (Check one, but only one, of the bases.) • 1, the undersigned, hereby certify that (Check one, but only one, of the bases.) • 0 (Over other than corporation or partnership) I am the duly authorized agent of the coule system as identified in line 1 of space B; or • 1, the undersigned, hereby certify that (Check one, but only one, of the bases.) • 0 (Over other than corporation or partnership) I am the duly authorized agent of the couler of the cable system as identified in line 1 of space B; or • 1 have examined the statement of account and hereby declare under penalty of two that all statements of fact contained herein are thus, complexe, and connet to the baset of my knowledge, information, and bleid, and are made in good faith. 18 U.S.C. Section 100 (1986) There is partner (a my fy signature (a my fy		Instructions: to its subscrib 1. Enter the to system carri 2. Enter the to on which the	bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ied television broadcast stations	
Information Address 3027 S SE LOOP 323 INtrinible: street, runal route, apartment, or subte number) TPLER, TX 75701 [City, bown, stills, cp) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) O Certification Fax (optional) Image: Street of account must be certified and signed in accordance with Copyright Office regulations) Image: Street of account must be certified and signed in accordance with Copyright Office regulations) It the undersigned, hereby certify that (Check one, <i>but only</i> 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 B, or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B. or Image: Imag	Individual to			
(Number, storet, road roots, speatment, or sube number) TERE, TX 15701 (City, town, state, zp) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) Fax (optional) Image: Certification <		Name	RODNEY HASKINS Telephone (90	03) 579-3152
(City, town, state. zp) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) Control (City, town, state. zp) ERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, 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 B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; of • (Officer or partner) I am an officer (if a corporation) or a partnership; of the legal entity identified as owner of the cable system 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(1966)] Extern an electronic signature on the line above to certify this statement. Enter signature using an 7/4 signature" (e.g., /4 John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING Cittle of of called position held in corporation or partnership) Corporation or partnership)		Address		
Certification CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 0 • 0 • 0 • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 1 <				
O It is the undersigned, hereby certify that (Check one, but only one, of the boxes.) Overret of the cable system as identified in line 1 of space B; or Image: Comparison of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the owner is not a corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B; and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. Image: Comparison of 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)] Image: Comparison of the originature on the line above to certify this statement. 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 Citle of official position held in corporation or partnership)		Email	RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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)] X /s/ Alan Dannenbaum Inter 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, PROCRAMMING (Title of official position held in corporation or partnership)	-			
 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 owner of the cable system 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)] Marcine Complexity (Section 1001(1986)) Marcine Complexity (Section 1001(1986))<!--</td--><td></td><td>(Ow</td><td><i>Iner other than corporation or partnership)</i> I am the owner of the cable system as identified in line 1 of space B; or</td><td></td>		(Ow	<i>Iner other than corporation or partnership)</i> I am the owner of the cable system as identified in line 1 of space B; 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 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)] $ \begin{array}{c} \hline \hline$				m as identified
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)] $\underbrace{X} / s / Alan Dannenbaum$ Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)				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)		are true, comp	blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)			Enter an electronic signature on the line above to certify this statement.	
(Title of official position held in corporation or partnership)			Typed or printed name: ALAN DANNENBAUM	
Date: 2/1/2022				
			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 the 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 telephol 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 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 t 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 lav

unting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	03004
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statemen Concerning Gross Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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