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))	
		2021/2 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 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.	003419
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		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, zip)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlu	ess these
С		is 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: CARTHAGE, MO	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	003419
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	ted communities within unincorporated areas and including single, rou list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
		OTATE
First	CITY OR TOWN CARTHAGE	STATEMO
Community	BROOKLYN HEIGHTS	MO
	FIDELITY	MO
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE
Name									00341
Е	SECONDARY TRANSMISSION In General: The information in s		-	-	-	transmission s	onvice of t	ha cabla	
_	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both 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	ber 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				iy standar	d rate variations	within a p	Darticular rate	
	Block 1: In the left-hand block				es of seco	ondary 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 of	once again und	er "Servi	ice to additiona	l set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	ind rates, in the	e ngnt-na		o- or three	e-word description	on or the s	Service is	
		DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,593	34.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		68	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS						
-	In General: Space F calls for rat				-	l your cable syst	em's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•	,		0				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,	
Fransmissions:	Block 1: Give the standard rat							wore not	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	dential				
	• Pay cable	17.00	• Mot	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	-	nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	99.00		glar protection					
	Additional set(s)	25.00		ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	• Converter					05.00			
						75 00			
				let relocation /e to new addre		25.00 99.00			

				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			8YSTEM ID# 003419
G Primary insmitters: elevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, WF <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	also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also roogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a astitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFJX-1	14	I	PITTSBURG, KS
	KFJX-2	14.2	I-M	PITTSBURG, KS
ws as Necessary	KFJX-2 KFJX-HD1	<u>14.2</u> 14	I-M I-M	PITTSBURG, KS PITTSBURG, KS
vs as Necessary				
s as Necessary	KFJX-HD1	14	I-M	PITTSBURG, KS
as Necessary	KFJX-HD1 KFJX-HD2	14 14.2	I-M I-M	PITTSBURG, KS PITTSBURG, KS
as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1	14 14.2 7	I-M I-M N-M	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS
as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1	14 14.2 7 7	I-M I-M N-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
; as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1	14 14.2 7 7 12 12 12	I-M I-M N-M N N-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO
s as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1	14 14.2 7 7 12 12 12 26	I-M I-M N-M N N-M	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO
s as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-HD1	14 14.2 7 7 12 12 26 26 26	I-M I-M N-M N N-M N N E E E-M	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO
vs as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ws as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-HD1	14 14.2 7 7 12 12 26 26 26	I-M I-M N-M N N-M N N E E E-M	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO
ws as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ows as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ows as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ows as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ows as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ows as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ows as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ows as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ows as Necessary	KFJX-HD1 KFJX-HD2 KOAM-HD1 KOAM-1 KODE-HD1 KODE-1 KOZJ-1 KOZJ-1 KOZJ-HD1 KSNF-1	14 14.2 7 7 12 12 12 26 26 26 16	I-M I-M N-M N N-M N E E E-M N	PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO

LEGAL NAME O								SYSTEM 003
	t every radio s	station c	<b>)</b> arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> lo	it is carried b monitoring, to ormation abou rm. dentify the call	y the sy be rece it the Co I sign of	<b>III-Band FM Carriage:</b> Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	at the system's h system's FM ar	neadend, and itenna, during	(2) it ca certain	n be expected, stated intervals.	Primary Transmitters Radio
ignal, indicate Column 4: 0	this by placing Give the station	g a cheo n's locat	gnal was electronically proces ok mark in the "S/D" column. tion (the community to which th , the community with which th	the station is lice	nsed by the F			
			·					
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 SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					003419
	SUBSTITUTE CARRIAGE	-	-					
I I	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				ie general niet		ie paper er ti	
Special	During the accounting peri				sis any nonne	twork telev	ision program	1
Statement and		-	r cable system	carry, on a substitute ba	sis, any nonne			
Program Log	broadcast by a distant stat						YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	s "Yes," you mi	ust complet	te the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more space				s wherever pos	sible, if the	eir meaning is	
	Column 1: Give the title				e program") tha	at. durina th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, rec							າ.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "basket	ball." List specific progra	im titles, for ex	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		dcast live. enter	"Yes." Otherwise enter "	'No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progr	am.			
	Column 4: Give the broa						e FCC or, in	
	the case of Mexican or Can Column 5: Give the mon						with the mor	th
	first. Example: for May 7 giv		when your syst		piogram. 03e	numerais,		
	Column 6: State the time		substitute prog	gram was carried by you	r cable system	. List the tir	nes accurate	ly
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01	:15 p.m. to 6:2	8:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	or "D" if the	listed program	was substituted for prog	comming that w	our evetor	was require	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					МН	EN SUBST		
	s	UBSTITUT	E PROGRAM			IAGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то	
							_	
			+					
			+					
			<b>_</b>					
							_	
							_	
			+					
			+					
			+					
							_	
							_	
			+					"
			+					
			+					
							_	
			†					
			+					
							_	
			†					
					1.1			
			+					
							_	

Accounting Period:	<b>2021/2</b> FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC 003419
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 \$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-moniaccounting 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
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K \$ 469,032.68
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 3,371.33
	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) \$ 3,371.33
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 \$ 3,391.33
	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.

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.
Name		FOWNER OF CABLE SYSTEM: MMUNICATIONS LLC	SYSTEM ID# 003419
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	12 295
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone	(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	I, the undersig     (Own     (Age     i     X     (Off     i     i     I have examin     are true, compl	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)         Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B         In of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or         Ricer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.         ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         tion 1001(1986)]         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	ystem as identified
		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 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 law

unting Period: 2021/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0034
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
X NO	
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.	Q Interest Assessme
	Q Interest Assessme
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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessment
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 Assessment
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 Assessm
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 Assessm
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 Assessme
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 Assessm
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 Assessme
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 Assessme
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 Assessm

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.