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

=мт		FOR COPYRIG	GHT OFFICE USE ONLY	 Return completed workbook by email to 				
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ctions	s are located	03/01/2022		Office Licensing Division at				
of this	s workbook.		ALLOCATION NUMBER	(202) 707-8150.				
ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
			Devied 2 - July 4 December 24					
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		7						
	20212	Barcode Data Filing Period (optional	- see instructions)					
		-						
	Instructions:	h	:					
	-		idiary of another corporation, give the full corp	orate title				
	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 filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	061697				
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
	CEQUEL COMMUNICATIONS LLC							
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Г)					
	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)							
	,	_, g.to allo		<u>9</u>				
1								
	MAILING ADDRESS OF CABLE SYSTEM	:						
2	Number street rural route anartment or suite r	umber)						
-	(romber, street, rura route, apartment, of suite f							
1	(City, town, state, zip code)							
))	ACC	2021/2 Instructions: Give the full legal name of the owner of to of the subsidiary, not that of the parent of the subsidiary, not that of the parent of the subsidiary, not that of the parent of the single statement of account and royalty for the check here if this is the system's first filin LEGAL NAME OF OWNER/MAILIN Check here if this is the system's first filin LEGAL NAME OF OWNER/MAILIN Cequel COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite r TYLER, TX 75701 (City, rown, state, 2ip) INSTRUCTIONS: In line 1, give any businames already appear in space B. In line 1 IDENTIFICATION OF CABLE SYSTEM: COLORADO CORRECTION MAILING ADDRESS OF CABLE SYSTEM:	Instructions: O3/01/2022 ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Y 2021/2 Period 1 = January 1 - June 30 2021/2 Period 1 = January 1 - June 30 2021/2 Barcode Data Filing Period (optional 1 Count of the owner of the cable system. If the owner is a subs of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of if there were different owners during the accounting period, only the owner on single statement of account and royalty fee payment covering the entire accound check here if this is the system's first filing. If not, enter the system's ID number 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 30207 STUDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 30207 STUDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 30207 STUDENLINK COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM: 1 COLORADO CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 1 COLORADO CORRECTIONAL FACILITY MA	my Transmissions by ms (Short Form) DATE RECEIVED AMOUNT ictions are located of this workbook. 03/01/2022 \$ ALLOCATION NUMBER \$ ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) \$ 2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2021/2 Barcode Data Filing Period (optional - see instructions) Instructions: Give the full legat name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corp of the subsidiary, not that of the parent corporatio. 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 su 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. LEGAL NAME OF OWNER OF CABLE SYSTEM CEQUEL COMMUNICATIONS MalLING ADDRESS OF OF CABLE SYSTEM 3027 S SE LOOP 323 Number, stand, zap NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the antense sileady appear in space B. In line				

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	061697
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 fill	ated communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	lobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	GOLDEN	СО
Community	(COLORADO CORR)	
vs as Necessary		
as necessary		

	1							FORM SA1-				
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID#										
	CEQUEL COMMUNICAT	TIONS LLC							06169			
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES							
E	In General: The information in s	-		-		•						
. .	system, that is, the retransmission											
Secondary Fransmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
	each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular serv					•	,	na anal tha				
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	· · ·	,		iy stanua		s wiu iir 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					0,	•					
	first set" and would be counted of											
	Block 2: If your cable system	0			· · ·	service that are	different f	rom those				
	printed in block 1 (for example, t											
	with the number of subscribers a	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descripti	on of the s	service is				
	sufficient.	OCK 1					BLOCK	· •				
		NO. OF					BLOCK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	 Service to first set 		0	-								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		24	42.41								
	Converter											
	Residential											
	Non-residential		ľ									
			T	1								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3							
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	tes are cl	narged on a varia	able per-p	rogram basis,				
Secondary	enter only the letters "PP" in the											
Fransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
Rates	listed in block 1 and for which a											
	brief (two- or three-word) descrip											
	BLOCK 1							BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE			
	Continuing Services:		Installa	tion: Non-resi	dential							
	• Pay cable	-	• Mot	el, hotel								
	Pay cable—add'l channel	-	• Cor	nmercial								
	Fire protection		• Pay	cable								
	•Burglar protection		-	cable-add'l cha	annel							
	•		-	protection								
	Installation: Residential		• Bur	glar protection								
		-										
				ervices:								
	• First set	- 	Other s			-						
	• First set • Additional set(s)		Other s • Rec	ervices:		-						
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Disc	ervices:								
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Disc • Out	connect	ess							

nting Period: 2										
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID 06169						
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary nsmitters: elevision	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: • Do <i>not</i> 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 <i>only</i> 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. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 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 independent multicast). "I' (for independent), "I-M" (for independent multicast), "E' (for noncommercial educational nutticast). "I' (for independent), "I-M" (for independent multicast), "E' (for noncommercial educations in the paper SA1-2 form. Column 4: Give t									
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION									
		10	E							
	KBDI-1	12	. E	BROOMFIELD, CO						
	KCEC-1	14		DENVER, CO						
Necessary	KCEC-1 KCNC-1	14 4	-	DENVER, CO DENVER, CO						
ecessary	KCEC-1 KCNC-1 KDVR-1	14 4 31	I N I	DENVER, CO DENVER, CO DENVER, CO						
lecessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
ecessary	KCEC-1 KCNC-1 KDVR-1	14 4 31	I N I	DENVER, CO DENVER, CO DENVER, CO						
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
lecessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
; Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
s Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
s Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
is Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
5 as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						
as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO						

CEQUEL CO	F OWNER OF (SYSTEM 061
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Column 4: Colum	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be rece t the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the	at e sy thi	the system's he ystem's FM antr is point, see page ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter Radio
						-	8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				$\left \right $					
				$\left \right $					
				$\left \right $					
				$\left \right $					
				$\left \right $					
				$\left \right $					
				ŀŀ				·	

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 L	LC				061697
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	<i>sion program,</i> broadcast by	a distant sta	tion, that your cable sys	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	he general ins	structions in the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE			
Special	 During the accounting per 	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network television prog	ram
Statement and Program Log	broadcast by a distant sta		2			YES	× NO
Program Log	-						
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must complete the proo	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				s wherever p	ossible, if their meaning	g is
	clear. If you need more spa						·
	period, was broadcast by a			vision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."					
				er "Yes." Otherwise enter "			
				asting the substitute progr			·
	the case of Mexican or Car			he community to which the			IN
				stem carried the substitute			nonth
	first. Example: for May 7 giv	,	When your eye		program. o		
				ogram was carried by your			ately
	to the nearest five minutes.	Example:	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.m. should be	
	stated as "6:00–6:30 p.m."	"D" :64	1				ine el
	to delete under FCC rules a			was substituted for progr			
	was substituted for program						ogram
	effect on October 19, 1976.	•	, ,				
					-		1
						N SUBSTITUTE	
	SI	1	E PROGRAM			AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
							"
		+					
						_	
		+					"
						_	
		+					"
						-	
							Т <u> </u>
							"
						_	
							+
						—	

Accounting Period:	2021/2 FORM	A SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	061697
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 tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, s 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.	vice
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 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-mont accounting period is \$52.00.	
	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)	
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above))
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 Copyrigh See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information of the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 061697
M Channels	to its subscribers, a 1. Enter the total nu	and (2) the cable system's tumber of channels on which	total numl h the cabl	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	6
	on which the cable	umber of activated channel le system carried television t services	broadcas	st stations	22
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of account		PRMATION IS NEEDED (Identify an individual	
for Further Information	Name F	RODNEY HASKINS		Telephone	(903) 579-3152
	4) T	3027 S SE LOOP 323 Number, street, rural route, apart FYLER, TX 75701 City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned, (Owner o	, hereby certify that (Check o other than corporation or p f owner other than corpora	one, <i>but or</i> partnersh ation or p	ip) I am the owner of the cable system as identified in line 1 of space partnership) I am the duly authorized agent of the owner of the cable	e B; or
	X (Officer of in line	or partner) I am an officer (e 1 of space B. ne statement of account and and correct to the best of m	(if a corpo I hereby d	ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as o eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on 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
QUEL COMMUNICATIONS LLC	061697
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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