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	IT 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	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 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/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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		DIXON CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	o	

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.

	T	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062594
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single,
Area	as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	DIXON	
Community	(DIXON CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE STEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06259
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	v transmission se	ervice of th	ne cable	
_	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in spa	ace F, r	not here. All the	facts you	state must be th			
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv							onarged	
	Rate: Give the standard rate of	harged for each	n catego	ory of service. I	nclude bo	th the amount of	the charg		
	unit in which it is generally billed				ny standar	rd rate variations	within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ios of soc	ondony transmiss	ion convio	o that cablo	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count und	ler "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		-	<u>.</u>		-			
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SER	VICE	SUBSCRIBERS	RATI
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		68	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
E	In General: Space F calls for rat	te (not subscrib	er) infor	mation with res	spect to al	l your cable syst	em's servi	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	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany			anges en a rana	ale bei bi	og.a 20010,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) descrip				sneu. Lisi	linese oliner servi		IOIIII OI a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mot	tel, hotel					
	• Pay cable—add'l channel	-	• Cor	nmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	-	• Bur	glar protection					
	 Additional set(s) 	-		services:					
	• FM radio (if separate rate)			connect		-			
	• Converter			connect					
	1			-					
			 Out 	let relocation		-			
				let relocation	ess	-			

ounting Period: 2	2021/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			062594
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c 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 station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe 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 locatio	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrier in concerning substitute basis stations, is 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- ne carriage of certain network progra arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati actions in the paper SA1-2 form.	time basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	WIFR-1	23	N	ROCKFORD, IL
	WQAD-1	8	Ν	MOLINE, IL
Rows as Necessary	WQPT-1	24	E	DAVENPORT, IL
	WQRF-1	39	I	ROCKFORD, IL
	WREX-1	13	Ν	ROCKFORD, IL
	WREX-2	13.2	I-M	ROCKFORD, IL
	WREX-3	13.3	I-M	ROCKFORD, IL

LEGAL NAME OF								SYSTEM 062
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
receivable 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 I 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 th	at the system's h e system's FM ar this point, see p ssed by the cable the station is lice	headend, and htenna, during age (v) of the e 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
			· · · · · ·	1				
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					062594
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LC	G			
I I	In General: In space I, identi	fv everv nor	nnetwork televis	ion program, broadcast by	, a <i>distant</i> stat	ion. that vou	r cable svste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm				e general instr	uctions in the	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	sis, 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	at during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, rec							۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baskel	ball." List specific program	m titles, for exa	ample, "I Lo	ve 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, v	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. sr	noula pe	
	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? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		res or no	CALL SIGN	4. STATION S LOCATION	AND DAT	FROIVI	_ 10	
			+			·	<u> </u>	
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			+					
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							_	
							_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name		SI	STEM ID#
	CEQUEL COMMUNICATIONS LLC		062594
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	, 335.44 is 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 \$2 • 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.	263,800.	
	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 t accounting period is \$52.00.	this six-mon	
	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 \$137,1	00)	
	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		
	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	0.00	
	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)	15.00	
	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 Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Namo	Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
M Intractions: You must give (1) the number of advanced on which the cable system carried idention broadcast statures to be subscripted with the subscription carried identifies and (2) the cable system's tark number of advanced dummets during the accounting period. Channels I. Early the bit mumber of advanced dummets of advanced dummets during the accounting period. 7 Sector the bit mumber of advanced dummets on which the cable system carried identifies on victority the cable system carried identifies on broadcast stations 46 N Individual to be contracted of PURTHER INFORMATION IS NEEDED (identify an individual to early contract the bit is statement of account.) 46 N Individual to be contracted advanced dummets of advanced statures. 46 N Individual to be contracted of Advanced to early advanced statures. 46 N Individual to be contracted advanced statures. 46 N Individual to be contracted advanced statures. 46 North the code system contract advanced statures. 46 N Individual to be contracted advanced statures. 46 North the code system contract advanced statures. 46 North the code system contract advanced statures. 46 North the code system contract advanced statures. 46 North the code system contracted system statures. 46	Name			SYSTEM ID# 062594
Individual of Be Contacted for Further information Name RODNEY HASKINS Address 3027 S SE LOOP 323 (Number, states, app) THER, TX 5701 THER, TX 5701 (city, Lows, Liste, ap) Email RODNEY/HASKINS@ALTICEUSA.COM Fax (optional) 0 Certification 0		Instructions: to its subscrib 1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system's total number of activated channels during the accounting period. Ital number of channels on which the cable ed television broadcast stations	. 7
Information Address 3027 S SE LOOP 323 (Number, storet, fruit route, spathment, or suble number) TLER, TX 75701 (OP, Down, store, sp) True TX 75701 (OP, Down, store, sp) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) O Entrification Fax (optional) Image: Spath Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Spath Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Spath Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Spath Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Spath Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Spath Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Spath Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Spath Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Spath Statement of account action or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B. Image: Spath 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.	Individual to			
[Number: street, total roads, spattment of suble number] PILER, TX 75701 (City, town, state, zp) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) Certification <p< td=""><td></td><td>Name</td><td>RODNEY HASKINS Telephon</td><td>e <u>(903) 579-3152</u></td></p<>		Name	RODNEY HASKINS Telephon	e <u>(903) 579-3152</u>
(c) (Address		
Certification Certification • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I, they channed the 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 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. • 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 corect to the best of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1986)] Extense is the statement. There 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 namme: ALAN DANNENBAUM <				
O It he undersigned, hereby certify that (Check one, but only one, of the boxes.) Overref of the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Control of the owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Control of the 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; or Image: Control of the 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; or Image: Control of the 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; or Image: Control of the owner of 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: Control 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)] 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 hed in corporation or pathership)		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 failth. [18 U.S.C., Section 1001(1986)] X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter a genature using an "s/s ignature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (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 X (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 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 heid in corporation or partnership)		(Ow	ner other than corporation or partnership) 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)]				system 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)] $ \begin{array}{ccccccccccccccccccccccccccccccccccc$				vner of the cable system
International Control Contrecontrol Control Control Control Control Con		are true, comp	lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	n
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. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0625
 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. 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
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