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 COPYRIG	HT 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> For additional information.
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))	
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20212 Barcode Data Filing Period (optional - see instructions)	
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.	063192
		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, zip)	
С	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ess these
C	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	ace B.
System	1	IDENTIFICATION OF CABLE SYSTEM: SHERIDAN CORRECTIONAL FACILITY	
		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#
Name	CEQUEL COMMUNICATIONS LLC	063192
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the
First	CITY OR TOWN SHERIDAN	STATE
Community	(SHERIDAN CORR)	
Add Rows as Necessary		
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F In General: The information in space E should cover all categories of secondary transmission service the cable system, that is, the retransmission of felevision and nucle broadcate by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last any of the accounting period (Line 30 or December 31, as the case may be). Service: Sub- Service: Sub- scribers and Rates Number of Subscribers: Both blocks in space F, not here. All the facts you state must be those existing on the last any of the accelle system, broken services in each category by counting the number of billings in that category (the number of subscribers in each category by counting the number of billings in that category (the number of subscribers in search category but do not include discounts allowed for advance payment. Block 1: The tell-hand block in space E, the form is the category is standard rate variations within a particulur refere to additional sets would be nounded on a subscriber is and refere to this list of category but do not include discounts allowed for advance payment. Block 1: The tell-hand block in space E, the form include one or mean-pay ficial category is sampler a mesinifial subscriber with pays exits for catelle service to additional sets). Eaclock 1: The tell-hand block in space SE in 600000000000000000000000000000000000	06319
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Commercial Converter · Residential · Non-residential · Pay cable · Reconnect · Reconnect · Reconnect · Reconnect · Reconnect · Reconnect · Reconnect · Reconnect · Rec	
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• Residential •Non-residential • Non-residential •Non-residential F SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services on facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. ExtreGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Non-residential •Pay cable •Motel, hotel •Pay cable •Motel, hotel •Pay cable •Pay cable •Burglar protection •Pay cable •Pay cable •Pay cable •Pay cable •Pay cable •Pay cable	
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F In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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 listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Very cable - - - Pay cable - - - - Pay cable - - - - - - Pay cable - - - - - - - - Pay cable - - - - - - - - -	
Services Interesting to the product of the product	
Services Other Than Secondary Transmissions: furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP' in the rate column. 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 listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • Pay cable • Motel, hotel • Pay cable • Pay cable • Fire protection • Burglar protection • Fire protection • Burglar protection • Fire set • Burglar protection <tr< td=""><td></td></tr<>	
Other Than Secondary Transmissions: Rates amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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 listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • Motel, hotel • Pay cable • Motel, hotel • Fire protection • Pay cable • Burglar protection • Pay cable • Fire set • Burglar protection • Fire protection • Burglar protection • Fire set • • Additional set(s) • • FM radio (if separate rate) • Reconnect	
Secondary ransmissions: Rates enter only the letters "PP" in the rate column. 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 listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable - • Motel, hotel • Pay cable - • Motel, hotel • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • First set - • Burglar protection • FM radio (if separate rate) • Reconnect -	
Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable Installation: Non-residential CATEGORY OF SERVICE Pay cable · · · · Pay cable · · · · · Fire protection · · · · · · · Burglar protection ·	
listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable - • Motel, hotel - • Pay cable - • Motel, hotel - • Pay cable - • Commercial - • Fire protection • Pay cable - - • Burglar protection • Pay cable-add'l channel - - • Fire set - • Burglar protection - - • First set - - • Burglar protection - - • Additional set(s) - - • Reconnect - -	
brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable - Installation: Non-residential - - • Pay cable - - Other services - - - • First set - - - - - - - - • First set - <td></td>	
BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential CATEGORY OF SERVICE CATEGORY OF SERVICE Pay cable - Installation: Non-residential CATEGORY OF SERVICE CATEGORY OF SERVICE Pay cable - Installation: Non-residential Pay cable - - Motel, hotel Pay cable - - Commercial • Fire protection - Pay cable - Pay cable <td< td=""><td></td></td<>	
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services:Installation: Non-residential	
• Pay cable - • Motel, hotel - - • Pay cable—add'l channel - • Commercial - - • Fire protection • Pay cable - - - • Burglar protection • Pay cable-add'l channel - - - • Installation: Residential • Fire protection - - - • First set - • Burglar protection - - - • Additional set(s) - Other services: - - - • FM radio (if separate rate) • Reconnect - - - -	CE RATE
 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Commercial Pay cable Pay cable Pay cable-add'l channel Fire protection Burglar protection Burglar protection Resonnect 	
• Fire protection • Pay cable • and an an an and an	
•Burglar protection •Pay cable-add'l channel Installation: Residential •Fire protection •First set •Burglar protection •Additional set(s) •Burglar protection •FM radio (if separate rate) •Reconnect	
Installation: Residential • Fire protection • and the section • First set • Burglar protection • Burglar protection • Additional set(s) • Other services: • Reconnect • FM radio (if separate rate) • Reconnect • Other services:	
• First set - • Burglar protection - - • Additional set(s) - Other services: - - • FM radio (if separate rate) • Reconnect - -	
Additional set(s) FM radio (if separate rate) Connect	
• FM radio (if separate rate) • Reconnect -	
• Convortor	
Converter Output Disconnect	
• Outlet relocation	
Move to new address -	

ounting Period: 2	2021/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063192
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- bo not list the station here, station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations co- illes, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. o case whether the station is a network rring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o terms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part-t 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 I 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 indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	levision stations) ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	he community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	WBBM-1	2	N	
	WCIU-1 WFLD-1	26 32	I 	CHICAGO, IL CHICAGO, IL
s Necessary			I	
	WGBO-1 WGN-1	66		JOLIET, IL
	WGN-1 WLS-1	9		
		7	N	
	WMAQ-1	5	N .	
	WPWR-1	50		GARY, IN
	WSNS-1	44		
	WTTW-1	11	Е	CHICAGO, IL

CEQUEL CO	OMMUNICA	TIONS	S LLC					0631
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate	it is carried b monitoring, to prmation about rm. dentify the cal state whether the radio state this by placing	y the sy be rece ut the Co I sign of the stati tion's sig g a chec	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.	at the system's h e system's FM ar this point, see p ssed by the cable	headend, and tenna, during age (v) of the system as a	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
			tion (the community to which , the community with which th			CC or,	n the case of	
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					063192
	SUBSTITUTE CARRIAGE	E: SPECIA			OG			
I I	In General: In space I, identi	-	-			tion that you	ır cahle syste	m carried on a
•	substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of	the general inst	ructions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		RNING SUBST	ITUTE CARRIAGE				
Special	 During the accounting peri 	iod, did you	r cable system	carry, on a substitute b	asis, any nonne	twork televi	<u>sion</u> program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	×NO
Program Log	Note: If your answer is "No,	" loovo tho	root of this pag	a blank. If your answer	ia "Vaa " vau m		-	-
		leave the	rest of this pag	e blank. Il your answer	is res, you m	usi complete	e the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			e line. Use abbreviation	ns wherever pos	ssible if thei	r meaning is	
	clear. If you need more space						r mouning io	
	Column 1: Give the title							
	period, was broadcast by a							
	under certain FCC rules, req Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				p.o, . <u>-</u> o		
	Column 2: If the program							
	Column 3: Give the call s Column 4: Give the broa	sign of the s	station broadca	sting the substitute prog	gram. bo station is lice	ancod by the	ECC or in	
	the case of Mexican or Can						; r c c o , in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitu	te program. Use	e numerals,	with the mor	ith
	first. Example: for May 7 giv							
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program came	ed by a system norm o.c	71.15 p.m. to 0.2	20.30 p.m. s		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for prog	gramming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system was	s permitted to delete un	ider FCC rules a	and regulation	ons in	
								1
	s	UBSTITUT	E PROGRAM			EN SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATIO	ON AND DAY	FROM	— то	
							_	
			+					
			+					
			+					
			_					
							_	
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			†					
			<u> </u>					
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			+					
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1								

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 063192
K	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 transm	ission service	003132
Gross Receipts	(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.	\$ 11	,327.16
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	ss receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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 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		

			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 063192
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable system carried television broadcast stat s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable I television broadcast stations	ons1043
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Teleph	one (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)	
0		(This statement of account must be certified and signed in accordance with Copyright Office regulation	ons)
Certification		ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of spa	ace B; or
	in	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the ca line 1 of space B and that the owner is not a corporation or partnership; or	
	I have examine	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained here, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 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 (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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06319
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." 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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x x days Line 3 Multiply line 2 by the number of days late and enter the sum here x x x x x x x x x x x x x x x x 0.00274	<u>-</u> 3 -
Line 3 Multiply line 2 by the number of days late and enter the sum here	 S
Line 3 Multiply line 2 by the number of days late and enter the sum here x days k x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$.	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 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. For further assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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