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))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20212 Barcode Data Filing Period (optional - see instructions)	
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.	
		OG Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3267
		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)	
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless	those
С		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		CASA GRADE TRANSITIONAL HOUSING	
		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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063267
D Area Served	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated of discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li- as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	ommunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
First Community	CITY OR TOWN LAS VEGAS (CASA GRADE TRANS)	STATE NV
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	TIONS LLC							06326
					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	oay cable) in sp	ace F, r	not here. All the	facts you	i state must be th			
Transmission	last day of the accounting period							have been	
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	rice at the rate i	ndicate	d-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				ny standai	rd rate variations	within a p	articular rate	
	Block 1: In the left-hand block				ies 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						lei Servic		
	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	and rates, in the	e right-h	and block. A tw	o- or thre	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RATI
	Residential:	COBCOND		TUTE	0/11		(IIOE	CODCORDERCO	TOTI
	Service to first set		0	-					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		21	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a varia	ble per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the			avotom for an	ab af tha	annliaghla agn <i>i</i> a	aa liatad		
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	e the ra	ite for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	-		tel, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	-		glar protection					
			Other s	services:					l
	Additional set(s)	-	-						
	• FM radio (if separate rate)	-		connect		-			
		-	• Dis	connect		-			
	• FM radio (if separate rate)		• Dis • Out			-			

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID 06326
	CEQUEL COMMUNIC			00520
G rimary smitters: levision	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 r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p id with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate lactions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a lbstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15		LAS VEGAS, NV
	KLAS-1	8	N	LAS VEGAS, NV
s as Necessary	KLVX-1	10	E	LAS VEGAS, NV
	KSNV-1	3	N	LAS VEGAS, NV
	KTNV-1	13	Ν	LAS VEGAS, NV
	KTNV-1 KVCW-1	13 33	N I	LAS VEGAS, NV LAS VEGAS, NV
			N 1 1	
	KVCW-1	33	N 1 1	LAS VEGAS, NV
	KVCW-1	33	N 1 1	LAS VEGAS, NV
	KVCW-1	33	N 1 1	LAS VEGAS, NV
	KVCW-1	33	N 1	LAS VEGAS, NV
	KVCW-1	33	N 1 1	LAS VEGAS, NV
	KVCW-1	33		LAS VEGAS, NV
	KVCW-1	33		LAS VEGAS, NV
	KVCW-1	33		LAS VEGAS, NV
	KVCW-1	33		LAS VEGAS, NV
	KVCW-1	33		LAS VEGAS, NV
	KVCW-1	33		LAS VEGAS, NV

LEGAL NAME O								SYSTEM 063
	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 fo Column 1: lo Column 2: S	it is carried b monitoring, to ormation abou rm. dentify the call state whether	y the sy be rece ut the Co I sign of the stati	II-Band FM Carriage: Under stem whenever it is received bived at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	at the system's I system's FM ar this point, see p	neadend, and itenna, during age (v) of the	(2) it ca certain general	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	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 , 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	
CALL SIGN		3/D	LOCATION OF STATION	GALL SIGN		3/0	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					063267
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion. that νοι	ur cable svste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm				e general instr	uctions in th	ne paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	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	ist 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	ir meaning is	
	clear. If you need more space Column 1: Give the title				program") that	t during th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, reg							۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "basket	tball." List specific program	n titles, for ex	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "I	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						e FCC or, in	
	Column 5: Give the mon	th and day	when your syst	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	noula be	
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system was	s permitted to delete unde	er FCC rules a	nd regulatio	ons in	
					11			1
	s	UBSTITUT	E PROGRAM			EN SUBST IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					-			
							_	
							_	
			1		-			
			+		-		_	
			+				<u> </u>	
			+					
							_	
							_	
							_	
					-			
			+		-		_	
			+					
							_	
							-	
]		_	
					-			
			+		-			
							_	
1			1	I	1 [

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name		S	(STEM ID#
	CEQUEL COMMUNICATIONS LLC		063267
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	,436.00 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 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		
	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 Due	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			F	ORM SA1-2E. PAGE 7
M Instructions: You muit give (1) the cable system is an interface of activated channels during the accounting period. 1 In the base attentions: and (2) the cable system is and a number of activated channels during the accounting period. 2 Information 7 3 Information 20 N Information Information 20 N Information Information 20 N Information Information Information Information N Information Information Information Information Information Information Information Information Information Information Information Information Information Information </th <th>Name</th> <th></th> <th></th> <th></th> <th></th> <th>SYSTEM ID# 063267</th>	Name					SYSTEM ID# 063267
Implifyiult to BE Contacted for Further Information Name RODNEY HASKINS Telephone (903) 579-3152 Address 3027 SS ELOOP 323 3027 SS TO ST SS ELOOP 323 TYLER, TX 75701 Telephone (903) 579-3162 Contacted (0), tom, statuber, time, town, spatiant, or sub-number) Fax (optional) Email RODNEY HASKINSGALTICEUSA.COM Fax (optional) Contacted (0), tom, statuber, time, town, spatiant, or sub-number) Fax (optional) Contacted (0), tom, statuber of account must be certified and signed in accordance with Copyright Office regulations) Contacted (1), town other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or (1), town other than corporation or partnership) 1 am the owner of the cable system as identified (1) in 1 of space 0. (2), Officer or partner) 1 am an officer (f a corporation) or a partnership) 1 am the owner of the cable system as identified (1) in 1 of space 0. (2), Officer or partner) 1 am an officer (f a corporation) or a partnership) of the legisl entity identified as owner of the cable system (1) in 1 of space 0. (3), Officer or partner) 1 am an officer (f a corporation) or a partner) 1 am an officer (f a corporation) or a partner (if a partnership) of the legisl entity identified as owner of the cable system (1) is 0.5.c., Section 1001(1980) (2), U, S.c., Section 1001(1980) Exter registrature on the line above to certify this statement. Exter registrature outing an '/s/ signature' (c.e., s/ s/ of normalio). Exter r		Instructions: to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the	ers, and (2) the cable system's tal number of channels on whi ed television broadcast station tal number of activated channe cable system carried televisio	total number of activated channels during the accounting per ch the cable s	riod. 7 20	
Information Address 3027 S E LOOP 223 (Number, street, rual rook, spartment, et suite number) TYLER, TX 75701 (OU), texer, steet, and rook, spartment, et suite number) TYLER, TX 75701 (OU), texer, steet, and (OU), texer, steet, and) (OU), texer, steet, and (OU), texer, steet, and) (OU), texer, steet, and texers the corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not account and hereby declare under peoply of law that all statements of fact contained herein are texe, comparise, and correct to the bast of my knowledge, information, and belef, and are made in good fails. (IB U.S.C., Section 1001(1980)) Typed or printed name: ALAN DANNENBAUM Typed or printed name: ALAN DANNENBAUM The oregretient or opartnership is a strentschip. The originat	Individual to					
Thereberging Thereberging Thereberging Thereberging The state rate The statement of account must be certified and signed in accordance with Copyright Office regulations) O Certification Certification Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations) O • 1 he undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 (Nower 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 • 1 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. IS U.S.C., Section 1001(1986) Exter an electronic signature on the line above to certify this statement. Erer signature using an "/s signature" (e.g., /s/. /s/. /s/. /s/. Information, and belief, and are made in good faith. They or printed name: Exter DENNENEBAUM They or printed name: Exter DENNENEBAUM The or difficit postent herein Exter All DENNENEBAUM The or difficit postent herein Exter All in corporation or partner/big. The or difficit postent herein Exter DENNENEBAUM The or difficit postent herein Exter All DENNENBAUM		Name	RODNEY HASKINS		Telephone (903) 579-3152	
(b) Email RODNEY.HASKINS@ALTCEUSA.COM Fax (optional) Control Email RODNEY.HASKINS@ALTCEUSA.COM Fax (optional) Control Certification Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Control of the cable system as identified in line 1 of space B; or • 0, Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 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. It U.S.C., Section 1001(1986)] Externance Typed or printed name: ALAN DANNENBAUM. Title: SVP, PROGRAMMING Citte of official position of partnership). Title: SVP, PROGRAMMING Citte of official position or partnership).		Address				
O Certification Certification I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership, or (Officer or partner)) I am an officer (if a corporation) or a partnership, 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, complex, and correct to the best of my knowledge, information, and belief, and are made in good faith. (B U.S.C., Section 1001(1996)) Typed or printed name: ALAN DANNENBAUM Typed or printed name: ALAN DANNENBAUM The or ender portion biel in ic opporation biel in ic opporation. 						
O • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Cortification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] V // / Alan Dannenbaum Typed or printed name: ALAN DANNENBAUM Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING Cite of official position held in corporation or partnership).		Email	RODNEY.HAS	SKINS@ALTICEUSA.COM Fax (optic	nal)	
(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) 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. (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. (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. (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. (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. (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. (Partner) I am an officer (if a corporation, and belief, and are made in good faith. (18 U S.C., Section 1001(1986)) (Partner) I am 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 The or official position held in corporation or partnership)	0	CERTIFICATIO	N (This statement of account r	nust be certified and signed in accordance with Copyright Of	ice regulations)	
In line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	Certification				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(1996)]		i	n line 1 of space B and that the	owner is not a corporation or partnership; or		
Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)		 I have examine are true, completing 	n line 1 of space B. ed the statement of account and ete, and correct to the best of m	hereby declare under penalty of law that all statements of fact	contained herein	
Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)				Enter an electronic signature on the line above to certify this st	itement.	
(Title of official position held in corporation or partnership)			Typed or printe	d name: ALAN DANNENBAUM		
Date: 2/1/2022						
			Date:	2/1/2	022	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lav

unting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06320
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? X NO	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	<u> </u>
Line 1 Enter the amount of late payment or underpayment	<u> </u>
Line 1 Enter the amount of late payment or underpayment	<u> </u>
Line 1 Enter the amount of late payment or underpayment	<u> </u>
Line 1 Enter the amount of late payment or underpayment	<u> </u>
Line 1 Enter the amount of late payment or underpayment	<u> </u>
Line 1 Enter the amount of late payment or underpayment	<u> </u>
Line 1 Enter the amount of late payment or underpayment	<u> </u>

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.