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

STATEM	ENT	OF ACCOUNT	FOR COPYRIC	<ul> <li>Return completed workbook by email to</li> </ul>					
		ansmissions by	DATE RECEIVED	AMOUNT	-				
		Short Form)			<u>coplicsoa@copyright.gov</u>				
	(			\$	For additional information,				
General instru	uctions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at				
in the first tab	o of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		2021/2		-					
		2021	2 Barcode Data Filing Period (optional	- see instructions)					
Accounting									
Period									
		Instructions:							
В		Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	orate title				
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							
		Check here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	063277				
		_ /							
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1					
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)					
		SUDDENLINK COMMUNICATIONS							
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM						
		3027 S SE LOOP 323							
		(Number, street, rural route, apartment, or suite number)							
		TYLER, TX 75701 (City, town, state, zip)							
С				entify the business and operation of the	5				
	name	1	e 2, give the mailing address of t	he system, if different from the address	given in space B				
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		N NEVADA RESTITUTION							
		MAILING ADDRESS OF CABLE SYSTE	n. 						
	2	(Number, street, rural route, apartment, or suite	number)						
		(City, town, state, zip code)							
		(Gity, town, state, zip code)							

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# 063277				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the					
Area Served	identified city.					
	CITY OR TOWN	STATE				
First Community	RENO (N NEVADA RESTITUTION)	NV				
dd Rows as Necessary						

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:								
	CEQUEL COMMUNICA			06327							
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in s	•		-		•					
<u> </u>	system, that is, the retransmission of television and radio broadcasts 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										
Secondary Fransmission	last day of the accounting period						nose exist	ing on the			
Service: Sub-	Number of Subscribers: Bot						ole system	ı, broken			
scribers and Rates	down by categories of secondar										
	each category by counting the n			0,0		1 0		s charged			
	separately for the particular serv					•	,	na and the			
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	· · ·			ny stanua		5 WILLIII a				
	Block 1: In the left-hand block				ies of sec	condary 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	ee-word descripti	on of the s	service is			
	sufficient.	OCK 1					BLOCK	()			
		NO. OF					DLOON	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	VICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		0	-							
	<ul> <li>Service to additional set(s)</li> </ul>										
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel										
	Commercial		23	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for ra	•	,		-	• •					
•	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										
Services	furnished at cost or (2) services	•			0		0.0	,			
Other Than			usually	billed. If any ra	tes are cl	harged on a varia	able per-p	rogram basis,			
Secondary	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. <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.										
Fransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha		were not								
Rates	-										
	listed in block 1 and for which a separate charge was made or established. List these other se brief (two- or three-word) description and include the rate for each.										
	BLOCK 1						BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE		
	Continuing Services:		Installa	ation: Non-resi	dential						
	• Pay cable	-	• Mot	tel, hotel							
	• Pay cable—add'l channel	-	• Cor	nmercial							
	Fire protection		• Pay	/ cable							
	•Burglar protection			/ cable-add'l ch	annel						
	Installation: Residential		-	e protection							
	• First set	-	• Bur	glar protection							
	<ul> <li>Additional set(s)</li> </ul>	-		services:							
	• FM radio (if separate rate)		• Red	connect		-					
	• Converter		• Dis	connect							
	, , ,			connect let relocation		-					
	, , ,		• Out		ess						

ting Period:								
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#				
Vanie		ATIONS LLC		063277				
	PRIMARY TRANSMITTERS: TELEVISION							
G rimary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ento (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	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	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	I. OALL OION	2. B GAGT GHAMMEE NOMBER		4. LOOANON OF OTAHON				
		F	E					
	KNPB-1	5	E	RENO, NV				
	KOLO-1	8	N	RENO, NV				
vs as Necessary	KOLO-1 KREN-1	8 27		RENO, NV RENO, NV				
s as Necessary	KOLO-1 KREN-1 KRNS-1	8 27 46	N   	RENO, NV RENO, NV RENO, NV				
as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1	8 27 46 4	N	RENO, NV RENO, NV RENO, NV RENO, NV				
as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46	N   	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1	8 27 46 4	N I I N	RENO, NV RENO, NV RENO, NV RENO, NV				
; as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
s as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
rs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
vs as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N         	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				

CEQUEL CO	OWNER OF C							SYSTEM   0632
	every radio s	tation ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be rece it the Co sign of the static ion's sig	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	at the system's h system's FM ant this point, see pa	eadend, and (: enna, during c ge (v) of the g	2) it can certain s eneral ir	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	k mark in the "S/D" column. ion (the community to which the the community with which the			C or, in	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	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063277
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televi	sion program, broadcast by	a distant sta	tion, that yo	ur cable sys	stem 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 t	he general ins	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMENT		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta						YES	× NO
Flogram Log	-					L		
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust compl	ete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				s wherever po	ossible, if th	neir meanin	g is
	clear. If you need more spa			rows to the tables. /ision program ("substitute	program") th	oot during	the ecolum	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.						-	
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		opood by t	ha ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute		,	s. with the r	month
	first. Example: for May 7 giv		·····				-,	
				ogram was carried by you				ately
	to the nearest five minutes.	Example: a	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."	ar "D" if tha	listed program	a waa ay batity tad far prog	romanain a that			vive d
	to delete under FCC rules a			n was substituted for progr				
	was substituted for program							ogram
	effect on October 19, 1976.		, ,					
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	[
		UBSTITUT	E PROGRAM		WHE	N SUBSTI AGE OCC	TUTE URRED	
		UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR DELETION
	SI	UBSTITUT	E PROGRAM		WHE	N SUBSTI AGE OCC 6. T	TUTE URRED	7. REASON FOR DELETION
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	SI	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063277
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	iission servic∉ amount, se	<b>,970.00</b> ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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 th accounting period is \$52.00.	is six-month	
	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 \$137,10	0)	
	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 \$527,6	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filler Fried			
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 Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 063277
M Channels	to its subscribers, a 1. Enter the total n system carried te	and (2) the cable system's umber of channels on whic	total numl h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	. 7
		le system carried television st services		st stations	18
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		ORMATION IS NEEDED (Identify an individual	
for Further Information	Name <b>I</b>	RODNEY HASKINS		Telephone	903) 579-3152
	(1	3027 S SE LOOP 323 Number, street, rural route, apart TYLER, TX 75701 City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigned	, hereby certify that (Check	one, <i>but or</i>	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) <b>ip</b> ) I am the owner of the cable system as identified in line 1 of space	
	(Agent o	f owner other than corpor	ation or p	partnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or	
	<ul> <li>I have examined the</li> </ul>	e 1 of space B. he statement of account and and correct to the best of m	l hereby d	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.

GUEL COMMUNICATIONS LLC       0632         SQUEL COMMUNICATIONS LLC       SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Stabilite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sencendary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.°       P         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         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below.       \$         NO       Name         Malting Address       Malting Address         Nume       Malting Address         Matter States Complete this worksheet for those royally 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	unting Period: 2021/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stateline home Viewer Act of 1998 amended "Tile 17, section 111(s)(1)(A), of the Capitright Act by adding the following sentence. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic aservice of providing secondary transmissions of privary brackdast transmitters, the system shall not include sub- receiver and amount collected from subscribers receiving secondary transmissions coated in the paper SA1-2 form. The paper SA1-2 form. The total here and list the satellite carrier(s) below. The statellite carrier to satellite data overer?  No Terretest Assessment You must complete this worksheet for those royably payments submitted as a result of a late payment or underpayment. For one explanation of interest rate' and enter the sum here The amount of late payment or underpayment Line 1 Enter the anount of days late and enter the sum here The amount of late payment of 2(2) 707-480 circle integring/interest-rate part. Line 2 Multiply line 1 by the interest rate' and enter the sum here The amount of late payment of 2(2) 707-480 circle integring/interest-rate part. Line 3 Multiply line 3 by 0.00274** and enter the sum here The in space L (page 0), blick 1, line 2, or blick 3, line 6, or blick 4, line assistance please contact the literest rate chart click on www.copyright.gow/licensing/interest-rate part. For one regulated of 1/285, which is the literest assessment for one day late. NOTE: Line 1 fine the date and enter the sum here The one of the original filling.	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following senicore: IP   "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Special Statement Concerning Gross receiving secondary transmissions pursuant to section 119."   For more information on when to exclude these amounts, see the nole on page (vii) of the general instructions content in the satellite carriers to satellite dath owners? Image 1000000000000000000000000000000000000	QUEL COMMUNICATIONS LLC	06327
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         ▼ PES. Enter the total here and list the satellite carrier(s) below.       \$	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
made by satellite carriers to satellite dish owners?         NO         YES. Enter the total here and list the satellite carrier(s) below		
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Marine         Malling Address       Marine         INTEREST ASSESSMENT       Yes page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment.	made by satellite carriers to satellite dish owners?	
Mailing Address       Mailing Address       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Q         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Q         Line 1       Enter the amount of late payment or underpayment.		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of		
Line 1 Enter the amount of late payment or underpayment	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x		Interest Assessmen
x 0.00274         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		-
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6		_
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 First community served	in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	_
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.		
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