This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	03/01/2022	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20212 Barcode Data Filing Period (optional - see instructions)	
		testered and	
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.	063285
		1	
		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	
	INIOT		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless 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:	
		WARM SPRINGS CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			
1			

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#
Humo	CEQUEL COMMUNICATIONS LLC	063285
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
		07.175
First	CITY OR TOWN CARSON CITY	STATE NV
Community	(WARM SPRINGS CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM IC
Name	CEQUEL COMMUNICAT	TIONS LLC							06328
			Becou		TEO				
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	/ transmission se	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p						ose existi	ng on the	
Transmission	last day of the accounting period							h na lua n	
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 in	ndicated	I-not the num	ber of set	s receiving servic	ce).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standai	d rate variations	within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmiss	ion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					In the count und	er "Servic	e to the	
	Block 2: If your cable system					service that are o	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-ha	and block. A tv	o- or three	e-word descriptio	n of the s	ervice is	
	sufficient.	OCK 1					BLOCK	· •	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SER	VICE	SUBSCRIBERS	RAT
	Service to first set		0						
	Service to additional set(s)		v	-					
	• FM radio (if separate rate)								
	• FM radio (il separate rate) Motel, hotel								
	Commercial		21	42.41					
	Converter		21	42.4					
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rate	•	,		•	• •			
•	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that			listied of offen					
	listed in block 1 and for which a			ade or establi	shed List	these other servi			
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	these other servi			
		ption and includ	e the ra		shed. List	these other servi		BLOCK 2	
		otion and includ BLOC	e the ra CK 1			these other servi	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	brief (two- or three-word) descrip	btion and includ BLOC RATE	e the ra CK 1 CATEG	te for each.	VICE		CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	btion and includ BLOC RATE	e the ra CK 1 CATEG Installa	te for each. ORY OF SER	VICE		CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOC RATE	e the ra CK 1 CATEG Installa • Mot	te for each. ORY OF SER tion: Non-res	VICE		CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	btion and includ BLOC RATE	e the ra CK 1 CATEG Installa • Mot • Cor	te for each. ORY OF SER tion: Non-res el, hotel	VICE		CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLOC RATE	e the ra CK 1 CATEG Installa • Mot • Con • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial	VICE		CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOC RATE	e the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	VICE		CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	btion and includ BLOC RATE	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	VICE idential		CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	Dition and includ BLOC RATE - - -	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	VICE idential		CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	Dition and includ BLOC RATE - - -	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	VICE idential		CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Dition and includ BLOC RATE - - -	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	VICE idential		CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	Dition and includ BLOC RATE - - -	e the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bury Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection eervices: onnect	VICE idential		CATEG		RATI

ne	LEGAL NAME OF OWNER O			SYSTEM ID
	CEQUEL COMMUNIC			06328
ary itters: sion	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 her station was carried <i>only</i> or • List the station here, and basis. For further informatii 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 entu (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th 'e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. 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	t (1) stations carried only on a part- ne carriage of certain network progr a(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNPB-1	5	E	
				RENO. NV
				RENO, NV RENO. NV
ssarv	KOLO-1	8	N I	RENO, NV
ssary			N	RENO, NV RENO, NV
sary	KOLO-1 KREN-1	8 27	N	RENO, NV RENO, NV RENO, NV
ssary	KOLO-1 KREN-1 KRNS-1	8 27 46	N 	RENO, NV RENO, NV RENO, NV RENO, NV
sary	KOLO-1 KREN-1 KRNS-1 KRNV-1	8 27 46 4	N I I N	RENO, NV RENO, NV RENO, NV
essary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
cessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
cessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
cessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
essary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
cessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
cessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
cessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
cessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
ecessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV
ecessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 N 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV

CEQUEL CO	OMMUNICA	TIONS	S LLC					0632
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried b monitoring, to prmation about rm. dentify the cal state whether the radio state this by placing	by 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 pyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces 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	neadend, 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					063285
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion that voi	ır cable svste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm	ng that mus	t be included in	this log, see page (v) of th	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	י
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") tha	t during th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, reg							ו.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baskel	ball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	ım.			
	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	em carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program came	eu by a system nom 0.01.	15 p.m. to 0.2	o.ou p.m. s		
	Column 7: Enter the lette							
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ming mary	our system was	s permitted to delete unde	r rues a	nu regulatio		
	,				11			
	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	
			+					
							_	
							_	
			_					
			<u>+</u>		-			
			+				<u> </u>	
			+					
							_	
			+		-			
			+		-			
			+		-			
							_	
							_	
			†					
					-			

Accounting Period:	2021/2	FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	ę	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC		063285
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.	ssion service mount, see	
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. 	63,800.	
	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.	his 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		
	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		
	2. Dase and an entropy formula 200,000.00		
	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		

Accounting Period:	2021/2		FORMS	SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC		SYSTEM ID# 06328
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carr rs, and (2) the cable system's total number of activated channels during t al number of channels on which the cable d television broadcast stations	he accounting period. 7 20	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify about this statement of account.)	an individual	
for Further Information	Name	RODNEY HASKINS	Telephone (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)	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, comp	I (This statement of account must be certified and signed in accordance of the 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 systent of owner other than corporation or partnership) I am the duly authorize I line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) I line 1 of space B. d the statement of account and hereby declare under penalty of law that all s te, and correct to the best of my knowledge, information, and belief, and are ion 1001(1986)] X /s/ Alan Dannenbaum	em as identified in line 1 of space B; or d agent of the owner of the cable system as identified of the legal entity identified as owner of the cable system itatements of fact contained herein	
		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 lav

unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06328
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusior
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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	
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