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	 Return completed workbook by email to 					
		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	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					
			1						
			1						
		20212	Barcode Data Filing Period (optional	- see instructions)					
Accounting									
Period									
		Instructions:							
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full corp	orate title				
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.					
		If there were different owners during the	accounting pariod only the owner on	the last day of the accounting period should su	ihmit a				
		single statement of account and royalty f							
		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	000915				
		<u>_</u> , , , , , , , , , , , , , , , , , ,	o o o o o o o o o o						
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Γ)					
		SUDDENLINK COMMUNICATIONS							
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		3027 S SE LOOP 323							
		(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip)							
С				ntify the business and operation of the					
	name	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM	:						
	_								
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip code)							
	-1								

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	CEQUEL COMMUNICATIONS LLC	0009
	Instructions: List each separate community served by the cable system. A "community" i	
D	"a separate and distinct community or municipal entity (including unincorporated comm	
	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 kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Served	identified city.	
Gerveu		
	CITY OR TOWN	STATE
First	LECOMPTE	LA
Community	CHENEYVILLE	LÃ
Community		
	FOREST HILL	LA
Add Rows as Necessary	GLENMORA	LA
	KOLIN	LA
	MCNARY	LA
	RAPIDES PARISH (PORTION)	LA
	WOODWORTH	LA
	การการการการการการการการการการการการการก	

E Secondary Transmission Service: Sub- scribers and Rates	Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca	SERVICE: SU pace E should on of television ay cable) in sp. (June 30 or De blocks in space (June 30 or De blocks in space (Languistic) (Comparison (Comparison)	BSCRII cover al and rad ace F, n ecembe ce E call service. Is in that ndicated h catego 20/mth"). for adva e form lis ribers. G	Il categories of io broadcasts b not here. All the r 31, as the cas l for the numbe In general, you t category (the d—not the num bry of service. I . Summarize an nce payment. sts the categor	secondar by your sy facts you se may be r of subso u can com number o iber of set nclude bo	stem to subscril state must be t). ribers to the cal pute the numbe f persons or org s receiving serv th the amount o	bers. Give hose exist ole system of subso janizations ice). of the char	the cable information ting on the n, broken cribers in s charged	TEM ID: 00091:										
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	category, but do not include disc Block 1: In the left-hand block 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	ounts allowed f in space E, the to their subscr e: Where an ind should be coun ble service to a	for adva e form lis ribers. G	nce payment. sts the categor	., otaniaa	a late failaten	s within a	Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate											
	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 c	to their subscr e: Where an ind should be coun ble service to a	ribers. G	-	category, but do not include discounts allowed for advance payment.														
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted c	e: Where an inc should be coun ble service to a			Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable														
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o	should be coun ble service to a	dividual	systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category															
	subscriber who pays extra for ca first set" and would be counted c	ble service to a	stad as a	-		-													
	first set" and would be counted o		categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the																
	Block 2: If your cable system	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."																	
	printed in block 1 (for example, t																		
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and DIOCK. A tw	/o- or thre	e-wora descripti	ion of the	Service IS											
ŀ		DCK 1			BLOCK 2														
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS RATE CATEGORY OF SE				RVICE	NO. OF SUBSCRIBERS	RATE											
-	Residential:	00200122			0,111			000001110											
	Service to first set		614	34.99															
	 Service to additional set(s) 																		
	• FM radio (if separate rate)																		
	Motel, hotel																		
	Commercial		25	45.95															
	Converter																		
	Residential																		
	Non-residential																		
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5														
	In General: Space F calls for rat		,		•														
-	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 should include both the																		
Other Than	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.																		
Transmissions: Rates	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) descrip																		
F		BLOC	CK 1					BLOCK 2											
(CATEGORY OF SERVICE	RATE			/ICE	RATE	CATEG	ORY OF SERVICE	RATE										
	Continuing Services:	1	Installa	tion: Non-resi	dential														
	• Pay cable	17.00	• Mote	el, hotel															
	 Pay cable—add'l channel 	19.00	• Corr	nmercial															
	 Fire protection 		• Pay	cable															
	 Burglar protection 		• Pay	cable-add'l cha	annel														
	Installation: Residential		• Fire	protection															
	• First set	99.00	• Burg	glar protection															
	 Additional set(s) 	25.00	Other s	ervices:															
	 FM radio (if separate rate) 		• Rec	onnect		40.00													
	Converter		• Disc	connect															
			• Outl	et relocation		25.00													
			• Mov	e to new addre		99.00	1		1										

	LEGAL NAME OF OWNER C	JF CABLE SYSTEM:		SYSTI						
Name				0						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary nsmitters: elevision	FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the cham of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is lic								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION									
	KALB-1	5	N	ALEXANDRIA, LA						
	KALB-2	5.2	N-M	ALEXANDRIA, LA						
ows as Necessary	KALB-3	5.3	I-M	ALEXANDRIA, LA						
	KALB-HD1	5	N-M	ALEXANDRIA, LA						
	KALB-HD2	5.2	N-M							
			14-141	ALEXANDRIA, LA						
	KBCA-1		к-ш І							
	KBCA-1 KLAX-1	41		ALEXANDRIA, LA						
	KLAX-1	41 31	l 	ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2	41 31 31.2	I N I-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1	41 31 31.2 31	i N i-M N-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1	41 31 31.2 31 25	i N I-M N-M E	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2	41 31 31.2 31 25 25.2	I N I-M N-M E E E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3	41 31 31.2 31 25 25.2 25.2 25.3	i N i-M N-M E E-M E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1	41 31 31.2 31 25 25.2 25.3 25.3 25	i N I-M N-M E E E-M E-M E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
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	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1	41 31 31.2 31 25 25.2 25.3 25.3 25	i N I-M N-M E E E-M E-M E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						
	KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	41 31 31.2 31 25 25.2 25.3 25 48	I N I-M N-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA						

LEGAL NAME O								SYSTEM II 0009 [,]
	t every radio s	tation ca) arried on a separate and discr enerally receivable by your cat					Н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing	y the sys be rece t the Co sign of he static ion's sig g a chec	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 k mark in the "S/D" column. ion (the community to which th	it the system's he system's FM ant his point, see pa his point, see pa sed by the cable s	eadend, and (; enna, during c ge (v) of the g system as a s	2) it can certain si leneral ir eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitters Radio
Mexican or Car			the community with which the		ied).	,		
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 L	LC				000915		
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G				
I	In General: In space I, ident 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 programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	1. SPECIAL STATEMEN	-							
Statement and	 During the accounting per 		ur cable systen	n carry, on a substitute ba	sis, any nonr	network television prog			
Program Log	broadcast by a distant sta	tion?				YES	NO		
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must complete the prog	gram		
	log in block 2.								
	2. LOG OF SUBSTITUTE	E PROGRA	MS						
	In General: List each subs				s wherever p	ossible, if their meaning	g is		
	clear. If you need more spa								
	Column 1: Give the title period, was broadcast by a			vision program ("substitute					
	under certain FCC rules, re								
	Do not use general categor								
		n was broa		er "Yes." Otherwise enter '					
				asting the substitute progr					
	the case of Mexican or Car			he community to which the			In		
				stem carried the substitute			nonth		
	first. Example: for May 7 giv	ve "5/7."	, ,			,			
				ogram was carried by you			ately		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program carr	ied by a system from 6:01	:15 p.m. to 6	5:28:30 p.m. should be			
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour system was <i>requ</i>	iired		
	to delete under FCC rules a								
	was substituted for program	•	your system w	as permitted to delete und	er FCC rules	and regulations in			
	effect on October 19, 1976								
	SI	UBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
		100 01 110	0/122 01011		7.115 5711				
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Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
indiffe	CEQUEL COMMUNICATIONS LLC		000915
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.	nission servic amount, se	e 8,661.36
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 \$: 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 th accounting period is \$52.00.	is six-month	
	Line 1. Royalty fee for accounting period		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 178,661.36		
	3. Subtract line 2 from line 1		
		78,661.36	
		35,138.64	
	6. Subtract line 5 from line 4		407.04
	7. Multiply line 6 by .005 (enter figure here)		467.61
	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	\$	467.61
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	i00)	
	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		
	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)	467.61	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	487.61
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register c See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mor		

Namo	Accounting Period:	2021/2						FORM SA1-2E. PAGE 7.
Nome 10 Nome 10 Nome 243 Nome 2027 S SE LOOP 323	Name							SYSTEM ID# 000915
Individual to Be Contacted for Further Information Name RODNEY HASKINS Telephone (903) 579-3152 Address 3027 SS EL LOOP 323 Materia Name RODNEY HASKINS TILER, TX 75701 Telephone (903) 579-3152 (%) Email RODNEY HASKINSQALTICEUSA.COM Fax (optional) CentreCation (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1. the undersigned, hereby certify that (Check one <i>but only one</i> , of the boses.) CentreCation (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1. the undersigned, hereby certify that (Check one <i>but only one</i> , of the boses.) (Gover other than corporation or pathership) 1 am the owner of the cable system as identified in line 1 of gazes B and the course in accordance or pathership) of the legal entity identified as owner of the cable system in line 1 of gazes B and the course in accordance or pathership) of the legal entity identified as owner of the cable system as identified in line 1 of gazes B and the course in accordance or pathership) of the legal entity identified as owner of the cable system as identified in line 1 of gazes B and the course in accordance or pathership) of the legal entity identified as owner of the cable system in line 1 of gazes B and the course in accordance or pathership) of the legal entity identified as owner of the cable system in line 1 of gazes B and the course in accordance or pathership) of the legal entity identified as owner of the cable system in line 1 of gazes B and the course in accordance or pathership) of the le		Instructions: You to its subscribers, 1. Enter the total system carried to 2. Enter the total on which the ca	, and (2) the cable system's number of channels on whic television broadcast stations number of activated channe ble system carried televisior	total num h the cab ls ı broadca	ber of activated ch le st stations	annels during the	accounting period.	
Information Address B227 S SE LOOP 323 Butterst: thest full all outsis apartment or subin numbers DTLER_TX 75701 C(Dry, town, water, zp) Email CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) Certification C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned, hereby certify that (Check one,but only one, of the bases.) C. I, the undersigned of the concert of the cable system as identified in line 1 of space B, or C. I, the undersigned of the owner is not accordant on pathreship) of the legal entity identified as owner of the cable system in line 1 of space B. C. I, the undersigned the statement of account and hereby declare under penalty of faw that all statements of fact contained herein if us C. S, Section 1001(1998) C. S, Section 1001(1998) C. S, Section 1001(1998) C. Typed or printed name: C. Spectrame the intervention or pathreship in the above to certify this statement. Etc: signature using an "/y signature" (e.g., /y Joint Smith) C. C. Section 1001(1998) C. The offer printed name: C. S, Section 1001(1998) C. C. Section 1001(1998)	Individual to				DRMATION IS NE	EDED (Identify an	individual	
"Numer: street, ruet road roads agartment, be suite number! Integration		Name	RODNEY HASKINS				Telephone	(903) 579-3152
O Certification Certification ERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 		Address	(Number, street, rural route, apart TYLER, TX 75701		ite number)			
P Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Complete in the comporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Complete in the comporation 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) of the legal entity identified as owner of the cable system in line 1 of space B. • 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 panalty 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. If U.S.C., Section 1001(1986) Extern 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: ELAN DANNENBAUM. Title: EVP, PROGRAMMING. Title: EVP, PROGRAMMING. Title: EVP, PROGRAMMING.		Email	RODNEY.HAS	KINS@A	LTICEUSA.COM	1	Fax (optional)	
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)	<u> </u>	I, the undersigne (Owner (Agent in lii X (Office in lii I have examined are true, complete	ed, hereby certify that (Check r other than corporation or p of owner other than corpor ne 1 of space B and that the er or partner) I am an officer ne 1 of space B. the statement of account and e, and correct to the best of m	one, <i>but o</i> partnersh ation or p owner is r (if a corpo	nly one , of the box ip) I am the owner partnership) I am the ot a corporation or ration) or a partner leclare under penal	es.) of the cable system he duly authorized partnership; or (if a partnership) o ty of law that all sta	m as identified in line 1 of space agent of the owner of the cable of the legal entity identified as c atements of fact contained here	∋ B; or e system as identified wner of the cable system
Date: 2/1/2022			Title:	Enter an Enter sig d name:	electronic signature nature using an "/s/ ALAN DANN PROGRAMMI	e on the line above t ' signature" (e.g., /s NENBAUM NG		-
			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.

unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00091
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."	P Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
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 Name Mailing Address Mailing Address	
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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	

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.