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 COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to	
		ansmissions by	DATE RECEIVED	AMOUNT	_	
Cable Syste General instru in the first tab	ems (S	Short Form)	9/15/22	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		20221	Barcode Data Filing Period (optional	- see instructions)		
Accounting Period						
В		Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full corp	orate title	
Owner		List any other name or names under whic				
		If there were different owners during the single statement of account and royalty fr		the last day of the accounting period should sunting period.	lbmit a	
		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	021004	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM			
		CEQUEL COMMUNICATIONS LLC				
		BUSINESS NAME(S) OF OWNER OI	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)			
		TYLER, TX 75701				
	INST	(City, town, state, zip)	ness or trade names used to ide	ntify the business and operation of the	system unless these	
С				ne system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		WHITE HALL, AR MAILING ADDRESS OF CABLE SYSTEM	:			
	2					
	2	(Number, street, rural route, apartment, or suite n	umber)			

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 021064
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	" is the same as a "community unit" as defined in FCC rules: munities within unincorporated areas and including single,
	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 hor	
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community		AR
ommunity	GRANT COUNTY(PORTION) HARDIN	AR AR
ws as Necessary	JEFFERSON COUNTY	AR
,	PINE BLUFF ARSENAL	AR
	REDFIELD	AR

	1							FORM SA1-				
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							TEM ID			
	CEQUEL COMMUNICAT	TIONS LLC							02106			
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES							
E	In General: The information in s	space E should	cover a	Il categories of	seconda	ry transmission s	service of	the cable				
	system, that is, the retransmission											
Secondary Fransmission	about other services (including p						hose exis	ting on the				
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates		down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular service at the rate indicated-not the number of sets receiving service).											
	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											
	category, but do not include disc	· ·			ny stanua		s within a	particular rate				
	Block 1: In the left-hand block				ries 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											
							uer Serv					
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
		printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together										
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the	service is				
	sufficient.	OCK 1					BLOCK	()				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:		400									
	Service to first set		432	50.00								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		18	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	s							
F	In General: Space F calls for ra	te (not subscril	per) info	rmation with re	spect to a	all your cable sys	tem's ser	vices that were				
Г	not covered in space E, that is, t					,	,					
Services	service for a single fee. There and furnished at cost or (2) services	•			•		0 (,				
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		,	,		5		5 ,				
ransmissions:		Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	-	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a										
	brief (two- or three-word) description				sned. List	these other serv	vices in th	e form of a				
				ale for each.								
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE			
	Continuing Services:	RATE		tion: Non-res		NATE	CATEG	ORT OF SERVICE	NATE			
	Pay cable	17.00		el, hotel	acintiai							
	Pay cable—add'l channel	19.00		nmercial								
	• Fire protection	10.00	-	cable								
	•			cable-add'l ch	annel							
	 Burglar protection 			protection								
	•Burglar protection			L' L								
	Installation: Residential	99.00	• Bur	alar protection								
	Installation: Residential • First set	99.00 25.00		glar protection								
	Installation: Residential • First set • Additional set(s)	99.00 25.00	Other s	services:		40.00						
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Red	services: connect		40.00						
	Installation: Residential • First set • Additional set(s)		Other s • Rec • Dise	services: connect connect								
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec • Dis • Out	services: connect		40.00 25.00 99.00						

Namo	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:			SYSTEM					
Name					021					
	PRIMARY TRANSMITTERS:	TELEVISION								
G		General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
-	FCC rules and regulations	C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .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								
Primary ansmitters:		(e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain s	tations carried on a						
Television	Substitute Basis Stations	rules, regulations, or authorizations:	ried by your cable system on a s	ubstitute program						
	• Do not list the station her	ere in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the						
		d also in space I, if the station was carried I								
	basis. For further information	tion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro	see page (v) of the general instru	ctions.						
	multicast stream associate	ed with a station according to its over-the-a	-	-						
		nel number the FCC assigned to the televi	ision station for broadcasting ove	er the air in its community						
		VRC is channel 4 in Washington, D.C. ch case whether the station is a network st	tation an independent station, or	a noncommercial						
	educational station, by ente	tering the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for inde	ependent), "I-M"						
	For the meaning of these to	t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct	ctions in the paper SA1-2 form.	,						
	Column 4: Give the location	ion of each station. For U.S. stations, list th adian stations, if any, give the name of the	he community to which the statio							
		Aulan Stauono, il any, givo ale name el ale	Community with which the class							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	F STATION					
	KARK-1	4	N	LITTLE ROCK, AR						
	KARK-HD1	4	N-M	LITTLE ROCK, AR						
Rows as Necessary	KARZ-1	42	I	LITTLE ROCK, AR						
	KARZ-HD1	42	I-M	LITTLE ROCK, AR						
	KASN-1	38	I	PINE BLUFF, AR						
	KASN-HD1	38	I-M	PINE BLUFF, AR						
	KATV-1	7	N	LITTLE ROCK, AR						
	KATV-2	7.2	I-M	LITTLE ROCK, AR						
	KATV-3	7.3	I-M	LITTLE ROCK, AR						
	KATV-HD1	7	N-M	LITTLE ROCK, AR						
	KETS-1	2	E	LITTLE ROCK, AR						
	KETS-2	2.2	E-M	LITTLE ROCK, AR						
	KETS-3		E-M	LITTLE ROCK, AR						
	KE13-3	2.3								
	KETS-4	2.3	E-M	LITTLE ROCK, AR						
	KETS-4	2.4	E-M	LITTLE ROCK, AR						
	KETS-4 KETS-HD1	2.4 2	E-M E-M	LITTLE ROCK, AR						
	KETS-4 KETS-HD1 KKAP-1	2.4 2 36	E-M E-M	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
	KETS-4 KETS-HD1 KKAP-1 KLRT-1	2.4 2 36 16	E-M E-M E	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
	KETS-4 KETS-HD1 KKAP-1 KLRT-1 KLRT-HD1	2.4 2 36 16 16	E-M E-M E	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
	KETS-4 KETS-HD1 KKAP-1 KLRT-1 KLRT-HD1 KMYA-1	2.4 2 36 16 16 49	E-M E-M E I I I-M I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR						
	KETS-4 KETS-HD1 KKAP-1 KLRT-1 KLRT-HD1 KMYA-1 KTHV-1	2.4 2 36 16 49 11	E-M E-M I I I-M I N	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR						
	KETS-4 KETS-HD1 KKAP-1 KLRT-1 KLRT-HD1 KMYA-1 KTHV-1 KTHV-3	2.4 2 36 16 16 49 11 11.3	E-M E-M E I I I N I-M	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR LITTLE ROCK, AR						

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system	In General: In space G, identify every television station (including translator stations and low power television stations) 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							
Primary	3		61(e)(2) and (4))]; and (2) certain stati	•					
Transmitters:	substitute program basis, as	s explained in the next paragraph.							
Television			arried by your cable system on a subs	stitute program					
		les, regulations, or authorizations:		· · · · ·					
	• Do not 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. 								
		0	program services such as HBO, ESPI						
			e-air designation. For example, repor						
	"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 licensed by the								
	FCC. For Mexican or Canad	lian stations, if any, give the name of	the community with which the station i	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KVTN-HD1	25	I-M	PINE BLUFF, AR					

			YSTEM: LLC						SYSTEM 021
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal						н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing	y the sys be rece t the Co sign of the 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 each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which t	at the syste this p sed b	system's he m's FM ante oint, see pag y the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can œrtain si eneral ir eparate	be expected, ated intervals. istructions in the. and discrete	Primary Transmitter: Radio
		-	the community with which the				0 (5)		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	C	ALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/1					FOR	M SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS L	LC				021064				
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Special		 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Statement and			ul cable system	in carry, on a substitute bas	sis, any nom						
Program Log	broadcast by a distant sta	uon?				YES	NO				
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the prog	gram				
	log in block 2.										
	2. LOG OF SUBSTITUTE			ata lina. I lag abbroviationa	wherever	aacibla if their meenin	- ia				
	In General: List each subst clear. If you need more spa				s wherever p	ossible, if their meaning	g is				
				vision program ("substitute	program") ti	nat, during the account	ing				
	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		censed by the ECC or	in				
	the case of Mexican or Car		、	,							
	Column 5: Give the mor	nth and day		stem carried the substitute			nonth				
	first. Example: for May 7 giv		a autoatituta mu		and a susta	n list the times easy	atalı.				
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01			atery				
	stated as "6:00–6:30 p.m."										
				n was substituted for progr							
	to delete under FCC rules a was substituted for program						ogram				
	effect on October 19, 1976.	• •	, ,			5					
	SI	UBSTITUT	E PROGRAM	I		N SUBSTITUTE AGE OCCURRED	7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO					

					 		······································				

Accounting Period:	2022/1	FORM SA1-2E. PA	4GE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	CEQUEL COMMUNICATIONS LLC	021	064						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 service							
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.								
	Line 1. Royalty fee for accounting period	\$ 52.0	0						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.0	0						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · · · ·	0						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	JU)							
	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	0.0	0						
	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)								
	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	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	\$ 67.0	0						
	EFT Trace # or TRANSACTION ID #								
	<u>Important:</u> 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:	2022/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN	IER OF CABLE SYSTEM: NICATIONS LLC			SYSTEM ID# 021064
M Channels	to its subscribers, an 1. Enter the total nur	nd (2) the cable system's	total numl h the cab	is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	25
	2. Enter the total nur on which the cable	nber of activated channel system carried television	s broadcas		174
N Individual to Be Contacted		CONTACTED IF FURTH this statement of account		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name R	ODNEY HASKINS		Telephon	e (903) 579-3152
		D27 S SE LOOP 32: umber, street, rural route, apart YLER, TX 75701 ty, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
о				rtified and signed in accordance with Copyright Office regulations	5)
Certification		hereby certify that (Check hereby certify that (Check hereby certify that corporation or p		<i>iy one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space	e B; or
				partnership) I am the duly authorized agent of the owner of the cab ot a corporation or partnership; or	e system as identified
	in line I have examined the	1 of space B. e statement of account and nd correct to the best of m	l hereby d	ration) or a partner (if a partnership) of the legal entity identified as eclare under penalty of law that all statements of fact contained her ge, information, and belief, and are made in good faith.	
			X	/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:		8/24/2022	

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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	021064
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.	
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 Name 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 Assessment
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	
ID number First community served	

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.