This form is effective be	ginning with the Ja	anuary 1 to June 30,	2017, accounting per	iod (2017/1)
If you are filing for a prior	accounting period, c	contact the Licensing	Division for the correct	form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	FOFFICE USE ONLY	Return completed workbook by email to
DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
9/15/2022	\$ ALLOCATION NUMBER	For additional information, 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		20221 Barcode Data Filing Period (optional - see instructions)						
Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		CEQUEL COMMUNICATIONS LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		SUDDENLINK COMMUNICATIONS						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)						
		TYLER, TX 75701 (City, town, state, zip)						
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С		s 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								
		MARVELL, AR						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						
<u> </u>	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC	002826					
D Area Served	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 identified city.						
	CITY OR TOWN	STATE					
First Community	MARVELL	AR					
Add Rows as Necessary							

									F		2E. PAGE
Name											00282
	CEQUEL COMMUNICAT	IONS LLC									00202
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES						
E		In General: The information in space E should cover all categories of secondary transmission service of the cable									
. .		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 Transmission	about other services (including p last day of the accounting period						los	e existin	g on the		
Service: Sub-	Number of Subscribers: Both						le s	vstem.	broken		
scribers and	down by categories of secondary	•						•			
Rates	each category by counting the nu								harged		
	separately for the particular servi										
	Rate: Give the standard rate c unit in which it is generally billed.										
	category, but do not include disc				ly standard		wit	nin a pa		;	
	Block 1: In the left-hand block				es of seco	ndary transmiss	sior	service	that cable		
	systems most commonly provide									/	
	that applies to your system. Note			-		-					
	categories, that person or entity subscriber who pays extra for ca										
							JEI	Service			
	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, ti										
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or three	-word description	on d	of the se	rvice is		
-	sufficient.	OCK 1						BLOCK	2		
		NO. OF							NO. C		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVI	CE	SUBSCR	IBERS	RATE
	Residential:		470	50.00							
	Service to first set		178	50.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		14	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS								
-	In General: Space F calls for rat					your cable syst	em	's servio	es that wer	е	
F	not covered in space E, that is, th										
0	service for a single fee. There ar										
Services Other Than	furnished at cost or (2) services										
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.										
Fransmissions:	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 and include the rate for each.										
	blier (two- of three-word) descrip										
	BLOCK 1								BLOC		
					105			JAIEG	ORY OF SE	RVICE	RATE
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER		RATE	Ť				
	Continuing Services:	RATE	CATEG Installa	tion: Non-res		RATE					
	Continuing Services: • Pay cable	RATE 17.00	CATEG Installa • Mote	tion: Non-res el, hotel		RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mote • Con	tion: Non-res el, hotel nmercial		RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00	CATEG Installa • Mote • Con • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 17.00	CATEG Installa • Moto • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 17.00 19.00	CATEG Installa • Mote • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 17.00 19.00 99.00	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00 99.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bur (Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	idential						
	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)	RATE 17.00 19.00 99.00	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	idential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00 99.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect connect	idential	40.00					
	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)	RATE 17.00 19.00 99.00	CATEG Installa • Moto • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	idential annel						

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM							
Name	CEQUEL COMMUNI	CATIONS LLC		002							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary	carried by your cable syst FCC rules and regulation 76.59(d)(2) and (4), 76.61	n 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 FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections (6.59(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									
ransmitters: Television	 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 noncommercial educational 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 										
	1. CALL SIGN	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the statio	4. LOCATION OF STATION							
	KATV-1	7	N	LITTLE ROCK, AR							
	KETS-1	2	E	LITTLE ROCK, AR							
d Rows as Necessary	KETS-2	2.2	E-M	LITTLE ROCK, AR							
a nons as necessary	KETS-3	2.3	E-M	LITTLE ROCK, AR							
	KETS-4	2.4	E-M	LITTLE ROCK, AR							
	KETS-HD1	2	E-M	LITTLE ROCK. AR							
	WATN-1	24	N	MEMPHIS, TN							
	WATN-2	24.2	N-M	MEMPHIS, TN							
	WATN-HD1	24	N-M	MEMPHIS, TN							
	WBUY-1	40	E	HOLLY SPRINGS, MS							
	WBUY-HD1	40	E-M	HOLLY SPRINGS, MS							
	WHBQ-1	13	N	MEMPHIS, TN							
	WHBQ-3	13.3	I-M	MEMPHIS, TN							
	WHBQ-HD1	13	N-M	MEMPHIS, TN							
	WKNO-1	10	E	MEMPHIS, TN							
	WLMT-1	30	I	MEMPHIS, TN							
	WLMT-2	30.2	I-M	MEMPHIS, TN							
	WMC-1	5	N	MEMPHIS, TN							
	WMC-2	5.2	I-M	MEMPHIS, TN							
	WMC-3	5.3	I-M	MEMPHIS, TN							
	WMC-HD1	5	N-M	MEMPHIS, TN							
	WPRQ-1	12		CLARKSDALE, MS							
	1			MEMPHIS, TN							
	WPXX-1	50									
	WPXX-1 WPXX-HD1	50	I-M								
	WPXX-HD1	50	I-M N	MEMPHIS, TN							
			I-M N I-M								

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNIC	ATIONS LLC		002820
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on	also in space I, if the station was carried 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	(1) stations carried only on a part- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su- ne Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES arried designation. For example, rep	-time basis under grams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream
	of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	RC is channel 4 in Washington, D.C. o case whether the station is a network s rring the letter "N" (for network), "N-M" (i "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	r a noncommercial pendent), "I-M" itional multicast). n is licensed by the
	WREG-HD1	2	NI M4	
		3	N-M	MEMPHIS, TN

	F OWNER OF C							SYSTEM II 0028
n General: Lis		tation ca	rried on a separate and discr nerally receivable by your cab				ied on an	н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be receivent t the Cope sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s byright Office regulations on th each station carried. n is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante his point, see pag sed by the cable s he station is licens	adend, and (2) nna, during ce le (v) of the ge ystem as a sep sed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
					+			
					+			
					+			
					+			
					_			
					+			

Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					002826
	SUBSTITUTE CARRIAGE		STATEMEN					
1	In General: In space I, identi	-	-		a distant stati	on that your	cable system	n carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	etwork telev	ision progra	m
Program Log	broadcast by a distant stati	on?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complet	e the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever po	ssible, if the	ir meaning i	s
	clear. If you need more space, please add additional rows to the tables.							
	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gen	eral instruction	ons for furth	er informatio	on.
	Do not use general categor "NBA Basketball: 76ers vs.		vies or baske	tball." List specific program	n titles, for ex	xample, "I L	ove Lucy or	ſ
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			e FCC or, in	
				tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv	/e "5/7."						
				gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system nom 6.01.	15 p.m. to o.	20.30 p.m. s		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							Iram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	FUC fulles	and regulati	onsin	
								1
						EN SUBSTI		
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
						-	_	
						-	_	
							_	
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							_	L

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 002826
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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 nount, see	7,266.82 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 • 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.	33,800.	
	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 this accounting period is \$52.00.	s 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	00)	
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the 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 OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 002826
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels du 1. Enter the total number of channels on which the cable system carried television broadcast stations	ring the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ide we can contact about this statement of account.)	entify 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	CERTIFICATION (This statement of account must be certified and signed in accorda • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable (Agent of owner other than corporation or partnership) I am the duly author in line 1 of space B and that the owner is not a corporation or partnership X (Officer or partner) I am an officer (if a corporation) or a partner (if a partners in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that a are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)] Image: X /s/ Alan Dannenbaum Enter an electronic signature on the line Enter signature using an "/s/ signature" Typed or printed name: ALAN DANNENBAU	system as identified in line 1 of space B; or wrized agent of the owner of the cable system as identified ip; or ship) of the legal entity identified as owner of the cable system all statements of fact contained herein are made in good faith. s above to certify this statement. (e.g., /s/ John Smith)
	Title: SVP, PROGRAMMING (Title of official position held in corporation or par	tnership)
	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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ccounting Period: 2022/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	002826
 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 	P Special Statement Concerning Gross Receipts Exclusion
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	
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 Assessment
X	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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 Accounting period	

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.