| 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

| | | | | Return completed workbook by email to |
|---|--|--|--|---------------------------------------|
| STATEMENT O | | | HT OFFICE USE ONLY | |
| for Secondary Trans | | DATE RECEIVED | AMOUNT | <u>coplicsoa@copyright.gov</u> |
| Cable Systems (Sho General instructions are in the first tab of this wo | elocated | 9/15/2022 | For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150. | |
| | INDOOK. | | ALLOCATION NUMBER | |
| A ACCOU | NTING PERIOD COVERED E | BY THIS STATEMENT: (YYY | Y/(Period)) | |
| 202 | 22/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | 20221 | Barcode Data Filing Period (optional - | see instructions) | |
| Accounting Period | | | | |
| Inst | tructions: | | | |
| | e the full legal name of the owner of the sidiary, not that of the parent corporati | | y of another corporation, give the full corporat | e title of the |
| Owner List | any other name or names under which | the owner conducts the business of the o | cable system. | |
| | | ccounting period, only the owner on the ent covering the entire accounting period | last day of the accounting period should submi d. | t a single |
| Che | eck here if this is the system's first filing. | . If not, enter the system's ID number assi | igned by the Licensing Division. | 037128 |
| | EGAL NAME OF OWNER/MAILING | ADDRESS OF CABLE SYSTEM | | |
| CE | QUEL COMMUNICATIONS LLC | | | |
| | SINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFERENT) | | |
| | DDENLINK COMMUNICATIONS | , , , | | |
| | LING ADDRESS OF OWNER OF | CABLE SYSTEM | | |
| | 27 S SE LOOP 323 | | | |
| רד | mber, street, rural route, apartment, or suite nu /LER, TX 75701 y, town, state, zip) | anitzer j | | |
| | | ess or trade names used to identif | y the business and operation of the sys | stem unless these |
| C names alr | eady appear in space B. In line 2 | | system, if different from the address give | |
| | INTIFICATION OF CABLE SYSTEM: | | | |

t Notice: Section 111 of Title 17 of the United States Code authorizes the C

(City, town, state, zip code)

2

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

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.

| Accounting Period: | 2022/1 | FORM SA1-2E. PAGE 1b. |
|-----------------------|--|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| | CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm | 037128 |
| D Area Served | separate and distinct community or municipal entity (including unincorporated or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob city. | ommunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first |
| | | |
| | CITY OR TOWN | STATE |
| First | ANSON | TX |
| Community | JONES COUNTY (PORTION) | TX |
| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | SYS | STEM ID | | | |
|---------------------------|---|---------------------|-----------------|------------------|-----------|-------------------|--------------|-----------------------|---------|--|--|--|
| Name | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 03712 | | | |
| _ | SECONDARY TRANSMISSION | SERVICE: SU | BSCRIB | ERS AND RAT | ES | | | | | | | |
| 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 | last day of the accounting period | , , , | , | | | | iose existii | ng on the | | | | |
| Service: Sub- | | | | | | | le 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 | 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). | | | | | | | | | | | |
| | separately for the particular servi Rate: Give the standard rate c | | | | | | | e and the | | | | |
| | unit in which it is generally billed. | - | - | • | | | - | | | | | |
| | category, but do not include disc | · · · | , | | , etanuar | | mann a p | | | | | |
| | Block 1: In the left-hand block | • | | Ű | | • | | | | | | |
| | systems most commonly provide that applies to your system. Note | | | | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | | | | |
| | subscriber who pays extra for ca | | | | | | • | | | | | |
| | first set" and would be counted o | | | | | | | | | | | |
| | Block 2: If your cable system h | | | | | | | | | | | |
| | printed in block 1 (for example, ti | | | | | | | | | | | |
| | with the number of subscribers a sufficient. | ind rates, in the | ngnt-na | and DIOCK. A two | or three | e-word descriptio | n oi the se | ervice is | | | | |
| | | OCK 1 | | | | | BLOCK | | | | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | ERS | RATE | CATI | EGORY OF SEF | RVICE | NO. OF SUBSCRIBERS | RAT | | | |
| | Residential: | | | | | | - | | | | | |
| | Service to first set | | 93 | 50.00 | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | |
| | Commercial | | 6 | 45.95 | | | | | | | | |
| | Converter | | | | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAI | SMISS | IONS: RATES | | | | | | | | |
| F | In General: Space F calls for rat | | | | | | | | | | | |
| I | not covered in space E, that is, the service for a single fee. There are | | | | | | | | | | | |
| Services | furnished at cost or (2) services | • | , | | , | | 0() | | | | | |
| Other Than | amount of the charge and the un | | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | | | | | | | |
| ransmissions: Rates | Block 1: Give the standard rat Block 2: List any services that | | | | | | | vere not | | | | |
| Rates | listed in block 1 and for which a s | • • | | | - | ÷ · | | | | | | |
| | brief (two- or three-word) descrip | 1 0 | | | | | | | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | | | | |
| | CATEGORY OF SERVICE | RATE | CATEG | ORY OF SERV | /ICE | RATE | CATEG | ORY OF SERVICE | RATE | | | |
| | Continuing Services: | | Installa | tion: Non-resi | dential | | | | | | | |
| | • Pay cable | 17.00 | • Mot | el, hotel | | | | | | | | |
| | Pay cable—add'l channel | 19.00 | • Con | nmercial | | | | | | | | |
| | Fire protection | | • Pay | cable | | | | | | | | |
| | Burglar protection | | | cable-add'l cha | annel | | | | | | | |
| | Installation: Residential | | | protection | | | | | | | | |
| | • First set | 99.00 | | glar protection | | | | | | | | |
| | Additional set(s) | 25.00 | | ervices: | | | | | | | | |
| | | | • Poo | | | 40.00 | | | | | | |
| | • FM radio (if separate rate) | | | onnect | | -0.00 | | | | | | |
| | FM radio (if separate rate) Converter | | | connect | | | | | | | | |
| | · · · / | | • Disc • Out | | | 25.00 | | | | | | |

| inting Period: 2 | 2022/1 | | | FORM SA1-2E. PAG | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER O | | | SYSTEM I | | | | | | |
| | CEQUEL COMMUNIC | ATIONS LLC | | 0371 | | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | | | | |
| G Primary ansmitters: Television | carried by your cable system 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 basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each | 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 the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. a case whether the station is a network s | (1) stations carried only on a part-t ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ESI -air designation. For example, rep vision station for broadcasting over station, an independent station, or a | time basis under ams [sections tions carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial | | | | | | |
| | | ring the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o | | | | | | | | |
| | For the meaning of these te | erms, see page (iv) of the general instru | ctions in the paper SA1-2 form. | , | | | | | | |
| | | n of each station. For U.S. stations, list dian stations, if any, give the name of th | • | | | | | | | |
| | FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. | | | | | | | | | |
| | 1. CALL SIGN | 4. LOCATION OF STATION | | | | | | | | |
| | KIDZ-1 | 42 | 1 | ABILENE, TX | | | | | | |
| | KPCB-1 | 17 | | SNYDER, TX | | | | | | |
| ows as Necessary | KRBC-1 | 9 | N | ABILENE, TX | | | | | | |
| ono ao neccosary | KRMA-1 | 6 | E | DENVER, CO | | | | | | |
| | KTAB-1 | 32 | N | ABILENE, TX | | | | | | |
| | KTXS-1 | 12 | N | SWEETWATER, TX | | | | | | |
| | KTXS-2 | 12.2 | I-M | SWEETWATER, TX | | | | | | |
| | KXVA-1 | 15 | | ABILENE, TX | | | | | | |
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| | MMUNICA | TIONS | LLC | | | | | | 037 |
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| | t every radio s | station ca | rried on a separate and discre | | | | | ied on an | н |
| eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive the station | y the sys be recein t the Cop sign of e the static ion's sign g a check n's location | I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the | t ti sy: nis ec | he system's hea stem's FM anter point, see page t by the cable sy station is licens | adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed 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 | Т | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| | | 0,0 | | | | | 2,0 | | |
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| Accounting Perio | d: 2022/1 | | | | | | FORM | M SA1-2E. PAGE 5 |
|------------------------------|---|-----------------------|---------------------------|------------------------------|---------------------|-------------------|-------------|------------------|
| | LEGAL NAME OF OWNER OF O | CABLE SYST | EM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS LL | .C | | | | | 037128 |
| | SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | T AND PROGRAM LOG | | | | |
| Substitute | In General: In space I, identif substitute basis during the ac explanation of the programmi | counting pe | riod, under spec | cific present and former FC0 | C rules, regula | ations, or author | izations. F | or a further |
| Carriage: | 1. SPECIAL STATEMENT | CONCER | NING SUBSTI | TUTE CARRIAGE | | | | |
| Special | During the accounting peri | od, did you | r cable system | carry, on a substitute basis | s, any nonne | twork televisior | n program | 1 |
| Statement and Program Log | broadcast by a distant stat | | - | - | - | | YES | × NO |
| i rogiani Log | 2 | | reat of this new | a blank. If your anawar is " | | unt commisto th | | |
| | Note: If your answer is "No, | leave the | rest of this pag | e blank. If your answer is | res, you mu | ist complete th | e progran | n |
| | log in block 2. | | MC | | | | | |
| | 2. LOG OF SUBSTITUTE In General: List each subst | | | te line. Use abbreviations v | wherever nos | sible if their m | eaning is | |
| | clear. If you need more space | | | | Milerever pos | | caning is | |
| | Column 1: Give the title | of every nor | nnetwork televi | sion program ("substitute p | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, reg Do not use general categori | | | | | | | 1. |
| | "NBA Basketball: 76ers vs. | | vies of baske | ibali. Lisi specific program | | ample, 1 Love | Lucy OI | |
| | | | lcast live, enter | "Yes." Otherwise enter "N | lo." | | | |
| | | • | | sting the substitute program | | | | |
| | | | | e community to which the | | | C or, in | |
| | the case of Mexican or Can Column 5: Give the mon | | | em carried the substitute p | | | the mon | ith |
| | first. Example: for May 7 giv | | inten jeur ejer | | egiann eee | | | |
| | | | | gram was carried by your o | | | | у |
| | to the nearest five minutes. | Example: a | program carrie | ed by a system from 6:01:1 | 15 p.m. to 6:2 | 8:30 p.m. shou | ıld be | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the lette | er "R" if the | listed program | was substituted for progra | mming that y | our system wa | s required | 4 |
| | to delete under FCC rules a | | | | | | | |
| | was substituted for program | ming that y | our system wa | s permitted to delete under | r FCC rules a | ind regulations | in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHF | N SUBSTITU | TF | |
| | S | UBSTITUT | E PROGRAM | | | IAGE OCCUR | | 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. TIME FROM — | ES TO | DELETION |
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| Accounting Period: | 2022/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|--------------------------------|---------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID# 037128 |
| 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 transm (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. | nission service Imount, see | 5,740.96 sss 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 \$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. | 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 t accounting period is \$52.00. | his 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 \$137,1 | 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 | | |
| Filler Fr | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m | | |

| Accounting Period: | 2022/1 | | | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---|---|----------------------|---------------------------------------|----------------------|
| Name | | OWNER OF CABLE SYSTEM: | | | | SYSTEM ID# 037128 |
| M Channels | to its subscrib 1. Enter the to system car 2. Enter the to on which th | ers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan he cable system carried televi | ons | nnels during the a | ccounting period. | 8 56 |
| N Individual to Be Contacted | | TO BE CONTACTED IF FUR | THER INFORMATION IS NEED ount.) | ED (Identify an in | dividual | |
| for Further Information | Name | RODNEY HASKINS | | | Telephone (90: | 3) 579-3152 |
| | Address | 3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 | | | | |
| | Email | (City, town, state, zip) | SKINS@ALTICEUSA.COM | | Fax (optional | |
| | CERTIFICATIO | N (This statement of account | must be certified and signed in a | accordance with C | opyright Office regulations) | |
| O Certification | | | one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the owner owne | | s identified in line 1 of space B; or | |
| | (Age | | ration or partnership) I am the c the owner is not a corporation or p | | ent of the owner of the cable system | n as identified |
| | X (Off | icer or partner) I am an office in line 1 of space B. | r (if a corporation) or a partner (if a | a partnership) of th | e legal entity identified as owner of | the cable system |
| | are true, comp | | d hereby declare under penalty of my knowledge, information, and b | | | |
| | | | X /s/ Alan Danner | the line above to c | | |
| | | Typed or print | ed name: ALAN DANNE | NBAUM | | |
| | | Title: | SVP, PROGRAMMING | | | |
| | | 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.

| AL NAME OF OWNER OF CABLE SYSTEM: QUEL COMMUNICATIONS LLC 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." | system id# 037128 Р |
|---|---|
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| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions | Special Statement Concerning Gross Receipts Exclusion |
| 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 | |
| | |
| 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 |
| 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 Accounting period | |

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