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

SA1-2E Short Form

STATEMENT O	F ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Tran	-	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (She General instructions are in the first tab of this we	e located	9/15/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
		BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	(YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional -	see instructions)	
Giv	tructions: e the full legal name of the owner of th he subsidiary, not that of the parent co		liary of another corporation, give the full corp	porate title

В		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, fown, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	1	IDENTIFICATION OF CABLE SYSTEM: SONORA, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
			-

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	004324
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mot	d communities within unincorporated areas and including single, a list will serve as a form of system identification hereafter known 5.
Area Served	identified city.	nie nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	SONORA	TX
Community	SUTTON COUNTY(PORTION)	TX
d Rows as Necessary		

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM								
	CEQUEL COMMUNICA			00432						
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in s	-		-		•				
Coordon	system, that is, the retransmission									
Secondary Fransmission	about other services (including particular about other services (including particular about the second particular						nose exist	ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	, broken		
scribers and	down by categories of secondar						-			
Rates	each category by counting the n		,	0 , (1 0		charged		
	separately for the particular serv					•	,			
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•						
	category, but do not include disc	• •	,				s wiu iir a			
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity					0,	•			
	subscriber who pays extra for ca first set" and would be counted of					a in the count un	der Servi	ce to the		
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descripti	on of the s	service is		
	sufficient.	0.014.4			1		BLOO			
	BLC	OCK 1 NO. OF					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		65	50.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		16	45.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscrib	per) info	rmation with re	espect to a	ll your cable sys	tem's serv	vices that were		
Г	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									
Services	furnished at cost or (2) services	•			0					
Other Than										
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									
Rates	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.									
Rates			the the re	te for each						
Rates		otion and includ		ate for each.						
Rates	brief (two- or three-word) descrip	otion and includ BLO	CK 1			D 1 T 5	0.175.0	BLOCK 2		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ BLO	CK 1 CATEG	ORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and includ BLOO RATE	CK 1 CATEG Installa	ORY OF SER		RATE	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE 17.00	CK 1 CATEG Installa • Mot	ORY OF SER tion: Non-res		RATE	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and includ BLOO RATE	CK 1 CATEG Installa • Mot • Cor	ORY OF SER I tion: Non-res el, hotel nmercial		RATE	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO RATE 17.00	CK 1 CATEG Installa • Mot • Cor • Pay	ORY OF SER titon: Non-res el, hotel nmercial r cable	idential	RATE	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOO RATE 17.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SER titon: Non-res el, hotel nmercial r cable r cable-add'l ch	idential	RATE	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	botion and includ BLOO RATE 17.00 19.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	otion and includ BLO(RATE 17.00 19.00 99.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	botion and includ BLOO RATE 17.00 19.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	GORY OF SER tition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential		CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	otion and includ BLO(RATE 17.00 19.00 99.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	idential	RATE	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	otion and includ BLO(RATE 17.00 19.00 99.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ORY OF SER tition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection glar protection services: connect connect	idential	40.00	CATEGO		RATE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	otion and includ BLO(RATE 17.00 19.00 99.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Cother s • Rec • Disc • Out	ORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	idential nannel		CATEGO		RATE	

M SA1-2E. PAGE	FORM			2022/1	counting Period:				
SYSTEM ID	ç		CABLE SYSTEM:	LEGAL NAME OF OWNER OF	Name				
00432			ATIONS LLC	CEQUEL COMMUNIC	Name				
		PRIMARY TRANSMITTERS: TELEVISION							
	 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 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 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. 								
	ndent), "I-M" nal multicast). s licensed by the	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station	c is charine 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location					
ATION	4. LOCATION OF STAT	3. TYPE OF STATION	2. B'CAST CHANNEL NUMBER	1. CALL SIGN					
	SAN ANGELO, TX	I	6	KIDY-1					
STIN, TX		E	18	KLRU-1					
SAN ANGELO, TX		Ν	8	KLST-1	ows as Necessary				
	SAN ANGELO, TX	Ν	3	KSAN-1	,				
	SAN ANGELO, TX	N	38	KTXE-1					

EGAL NAME OF								SYSTEM I 0043
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of i	it is carried by monitoring, to prmation abou	y the sys be rece	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t	t the system's he system's FM ant	eadend, and (2 enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
Column 1: lo Column 2: S Column 3: lf signal, indicate	lentify the call tate whether t the radio stat this by placing	the statio ion's sig g a chec	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th					
			the community with which the			, in		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							1	

	d: 2022/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					004324
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televi	s <i>ion program</i> , broadcast by	a distant sta	tion, that yo	ur cable sys	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programm				he general ins	structions in	the paper S	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 tele	evision prog	
Program Log	broadcast by a distant sta	tion?				L	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 compl	ete the pro	gram
	log in block 2.							0
	2. LOG OF SUBSTITUTE	E PROGRA	AMS					
	In General: List each subst				s wherever po	ossible, if th	neir meanin	ig is
	clear. If you need more spa					4 - 1	41	4:
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	' or
	"NBA Basketball: 76ers vs.		deast live onto	er "Yes." Otherwise enter '	'No "			
				asting the substitute progr				
	Column 4: Give the broa	adcast stati	on's location (t	he community to which the	e station is lie	,	he FCC or,	, in
	the case of Mexican or Car			2		,		
	first. Example: for May 7 give		when your sys	stem carried the substitute	e program. Us	se numeral	s, with the i	month
			e substitute pro	ogram was carried by you	r cable syster	m. List the	times accur	rately
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	"D" :f 4	1:					tion of
	to delete under FCC rules a			n was substituted for progr				
	was substituted for program							ogram
	effect on October 19, 1976.							
	SI	UBSTITUT	E PROGRAM			N SUBSTI AGE OCC		7. REASON FOR
	SI 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		7. REASON FOR DELETION
		1		4. STATION'S LOCATION	CARRI	AGE OCC 6. T	URRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	CEQUEL COMMUNICATIONS LLC		004324
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 amount, se	9 31.29
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	\$	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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		52.00
)0)	
	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 \$527,6	500)	
	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	\$	67.00
	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		INER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 004324
M Channels	to its subscribers, a 1. Enter the total nu	and (2) the cable system's umber of channels on whic	total numl h the cabl	is on which the cable system carried television broadcast stations per of activated channels during the accounting period.	5
	on which the cabl	umber of activated channel le system carried television t services	broadcas	st stations	52
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of accou		RMATION IS NEEDED (Identify an individual	
for Further Information	Name F	RODNEY HASKINS		Telephone	9 (903) 579-3152
	۳ ۲	3027 S SE LOOP 32: Number, street, rural route, apart FYLER, TX 75701 City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigned,	, hereby certify that (Check	one, <i>but or</i>	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space	
	In line (Officer in line I have examined th	 a of space B and that the of or partner) I am an officer (a of space B. b attement of account and and correct to the best of m 	owner is n (if a corpo I hereby d	artnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as c eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	wner of the cable system
				/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.

ounting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00432
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	
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 Assessmen
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	

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