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 OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook.	DATE RECEIVED 9/15/2022	AMOUNT \$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
	N RY THIS STATEMENT: (VVV	V/(Beriod))	

Α	CCOUNTING 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, zp)	
С	INTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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:	
	MERCER STATE CORRECTIONAL INSTITUTION	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	
1 m · · · · · · · ·		

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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC	061543
	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp	"community" is the same as a "community unit" as defined in FCC rules:
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	hat 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 Note: Entities and properties such as hotels, apartments, condominiums, c	
Area Served	identified city.	
First	CITY OR TOWN MERCER	STATE
Community	(MERCER SCI)	
2		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C									E. PAGE
Name)6154
Е	SECONDARY TRANSMISSION									
-	In General: The information in s system, that is, the retransmission									
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Bot	•					2			
scribers and	down by categories of secondar									
Rates	each category by counting the n separately for the particular serv		,	0 , (charged		
	Rate: Give the standard rate of							e and the		
	unit in which it is generally billed	-	-	•			-		•	
	category, but do not include disc									
	Block 1: In the left-hand block	•		0		•				
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t						,.			
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tw	o- or thre	e-word descript	on of the s	service is		
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	-De	RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIB		RATI
	Residential:	SUBSCRIDE			CAIL		VICL	SUBSCRID	LING	1.711
	Service to first set		0							
	Service to additional set(s)									
	• FM radio (if separate rate)									
	, , ,									
	Motel, hotel		244	42.44						
	Commercial		214	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMISS		3					
_	In General: Space F calls for ra					Il your cable sys	tem's serv	ices that wer	е	
F	not covered in space E, that is, t									
	service for a single fee. There a	•			•		• • • •			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
			usually	nieu. Il ally la	les ale ci	largeu on a van	able bei-bi	ografii basis,	,	
Secondary	Lenter only the letters "PP" in the		ha aabla			applicable servio	es listed.			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra	te charged by t	ne cable	system for ea	ch of the		period that	were not		
-	Block 1: Give the standard ra Block 2: List any services tha	t your cable sys	stem furr	ished or offere	ed during					
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	t your cable sys separate charg	stem furr le was m	ished or offere ade or establis	ed during					
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha	t your cable sys separate charg	stem furr le was m	ished or offere ade or establis	ed during					
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	t your cable sys separate charg	stem furr le was m le the ra	ished or offere ade or establis	ed during				(2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE	t your cable sys separate charg ption and includ	stem furr le was m le the ra CK 1 CATEG	ade or establis ade or establis a for each.	ed during shed. List /ICE		vices in the	e form of a		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable system separate charg ption and includ BLO0	stem furr le was m de the ra CK 1 CATEGO Installa	hished or offere ade or establis te for each. DRY OF SER\ cion: Non-resi	ed during shed. List /ICE	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable system separate charg ption and includ BLO0	stem furr le was m de the ra <u>CK 1</u> <u>CATEG</u> Installat • Mote	hished or offere ade or establis te for each. DRY OF SER\ DRY OF SER\ cion: Non-resi	ed during shed. List /ICE	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable system separate charg ption and includ BLO0	stem furr le was m de the ra <u>CK 1</u> <u>CATEG</u> Installat • Mote • Com	hished or offere ade or establis te for each. DRY OF SER\ tion: Non-resi el, hotel mercial	ed during shed. List /ICE	these other ser	vices in the	e form of a BLOCK		RATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	t your cable system separate charg ption and includ BLO0	stem furr le was m de the ra <u>CK 1</u> <u>CATEG</u> Installat • Mote	hished or offere ade or establis te for each. DRY OF SER\ tion: Non-resi el, hotel mercial	ed during shed. List /ICE	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable system separate charg ption and includ BLO0	stem furr le was m de the ra <u>CK 1</u> <u>CATEG</u> Installat • Mote • Com • Pay	hished or offere ade or establis te for each. DRY OF SER\ tion: Non-resi el, hotel mercial	ed during shed. List /ICE dential	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	t your cable system separate charg ption and includ BLO0	stem furr e was m de the ra <u>CK 1</u> CATEGO Installat • Mote • Corr • Pay • Pay	aished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel mercial cable	ed during shed. List /ICE dential	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	t your cable system separate charg ption and includ BLO0	stem furr e was m de the ra <u>CK 1</u> <u>CATEG</u> Installat • Mote • Com • Pay • Pay • Fire	aished or offere ade or establis te for each. DRY OF SERV cion: Non-resi el, hotel mercial cable cable-add'l ch	ed during shed. List /ICE dential	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	t your cable system separate charg ption and includ BLO0	stem furr e was m de the ra <u>CK 1</u> <u>CATEG</u> Installat • Mote • Com • Pay • Pay • Fire	An and a stabilistic of	ed during shed. List /ICE dential	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a 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	t your cable system separate charg ption and includ BLO0	stem furr e was m de the ra <u>CK 1</u> <u>CATEG</u> Installat • Mote • Corr • Pay • Fire • Burg Other s	An and a stabilistic of	ed during shed. List /ICE dential	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a 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)	t your cable system separate charg ption and includ BLO0	stem furr e was m de the ra CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	aished or offere ade or establis te for each. DRY OF SER\ cion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection ervices:	ed during shed. List /ICE dential	these other ser	vices in the	e form of a BLOCK		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable system separate charg ption and includ BLO0	stem furr le was m de the ra CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco • Disc	aished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection ervices: ponnect	ed during shed. List /ICE dential	these other ser	vices in the	e form of a BLOCK		RATI

ccounting Period:	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Nume	CEQUEL COMMUNIC	ATIONS LLC		061543
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, and 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WM Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent autions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ions carried on a istitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA-1	2	N	PITTSBURGH, PA
	WBCB(WFMJ)-2	21.2	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	YOUNGSTOWN, OH
dd Rows as Necessary	WEAO-1	49	E	AKRON, OH
	WFMJ-1	21	N	YOUNGSTOWN, OH
	WKBN-1	27	Ν	YOUNGSTOWN, OH
	WPGH-1	53	I	PITTSBURGH, PA
	WPXI-1	11	Ν	PITTSBURGH, PA
	WQED-1	13	E	PITTSBURGH, PA
	WYTV-1	33	Ν	YOUNGSTOWN, OH

CEQUEL CO	F OWNER OF							SYSTEM I 0615
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	it is carried b monitoring, to prmation abourn. dentify the cal state whether the radio star this by placin Sive the statio	y the sy be rece it the Co I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received a sived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces sk mark in the "S/D" column. tion (the community to which the the community with which the	at the system's H system's FM ar this point, see p sed by the cable he station is lice	neadend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL OIGH	AWOTTW	0/0		OALL OION	ANOTIM	0/D		
				·				
				·				

Accounting Perio	od: 2022/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					061543
	SUBSTITUTE CARRIAGE	E SPECI			G			
		-	-			tion that was	r ooblo over	tom corried on -
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					no gonorar in			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	iod, did you	ir cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision progi	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If your answer is	s "Yes " vou i	must comple	te the prog	Iram
	log in block 2.	,		ge slann i jear anoner n	,		p. eg	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			ate line. Use abbreviations	s wherever p	ossible, if the	eir meaning	ı is
	clear. If you need more spa					,		,
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or dask	etball. List specific progra	im titles, for e	example, IL	ove Lucy	or
	-		dcast live. ente	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				he community to which th			e FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals,	with the m	nonth
	first. Example: for May 7 giv		a substituto pr	ogram was carried by you	r cable svete	m liet the tiv	nes accur	atoly
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."	_,	a program can					
		er "R" if the	listed progran	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	ired
	to delete under FCC rules a							ogram
	was substituted for program	• •	our system w	as permitted to delete und	ler FCC rules	and regulat	ions in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT		
	SI	UBSTITUT	E PROGRAM			AGE OCCU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						-		
						_		
							-	
						_		
						_		
						_		
1		<u> </u>						+

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 061543
	GROSS RECEIPTS		
K 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)	nission service amount, se	
	during the accounting period	Amount of gro	1,558.95 oss 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 \$ • Use block 3 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.	nis 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		
	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	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061543
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 48
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
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 accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e B; or e system as identified wner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 8/23/2022	
<u>بــــــ</u>	- Section 111 of Title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) r	

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

unting Period: 2022/1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0615
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), lowing sentence: "In determining the total number of subscribers and the gross amounts po- service of providing secondary transmissions of primary broadcast transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmi	of the Copyright Act by adding the fol- aid to the cable system for the basic nitters, the system shall not include sub-	P Special Statemen Concerning Gros Receipts Exclusio
For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form.	(vii) of the general instructions	
During the accounting period, did the cable system exclude any amounts of gros made by satellite carriers to satellite dish owners?	ss receipts for secondary transmissions	
XNO		
YES. Enter the total here and list the satellite carrier(s) below	\$	_
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