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 COPYRIG	HT 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.
	ED BY THIS STATEMENT. /YY	VY//Poriod))	

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20221 Barcode Data Filing Period (optional - see instructions)
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 sulte number)
		TYLER, TX 75701 (City, town, 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:
	•	PINE GROVE STATE CORRECTIONAL INSTITUTION
		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.

D Ins B dis as No	EQUEL COMMUNICATIONS LLC structions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincor screte unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th the "first community." Please use it as the first community on all future te: Entities and properties such as hotels, apartments, condominiums, of the terminied city. CITY OR TOWN INDIANA (PINE GROVE SCI)	rporated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter know re filings.
D "a dis as Area Served ide	structions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincor screte unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th the "first community." Please use it as the first community on all future te: Entities and properties such as hotels, apartments, condominiums, o entified city. CITY OR TOWN INDIANA	A "community" is the same as a "community unit" as defined in FCC rule rporated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter know re filings. or mobile home parks should be reported in parentheses below the STATE
D "a dis as No ide Served	separate and distinct community or municipal entity (including unincor screte unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th the "first community." Please use it as the first community on all future ste: Entities and properties such as hotels, apartments, condominiums, of entified city. CITY OR TOWN INDIANA	rporated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter know re filings. or mobile home parks should be reported in parentheses below the STATE
Area Served First Community	screte unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th the "first community." Please use it as the first community on all future ste: Entities and properties such as hotels, apartments, condominiums, o entified city. CITY OR TOWN INDIANA	that you list will serve as a form of system identification hereafter know re filings. or mobile home parks should be reported in parentheses below the STATE
Area Served First Community	the "first community." Please use it as the first community on all future one: Entities and properties such as hotels, apartments, condominiums, of entified city. CITY OR TOWN INDIANA	e filings. or mobile home parks should be reported in parentheses below the STATE
Area Served First Community	ote: Entities and properties such as hotels, apartments, condominiums, o entified city. CITY OR TOWN INDIANA	or mobile home parks should be reported in parentheses below the           STATE
Area Served First Community	CITY OR TOWN	STATE
First Community	CITY OR TOWN	
Community	INDIANA	
Community	INDIANA	
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Community		
Community		
dd Rows as Necessary 4		
dd Rows as Necessary		
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	LEGAL NAME OF OWNER OF C							FUI		E. PAGE
Name										)6170
Е	SECONDARY TRANSMISSION					, transmission (	ondos oft	ha aabla		
-	In General: The information in s system, that is, the retransmissi									
Secondary	about other services (including p									
Transmission	last day of the accounting period	d (June 30 or D	ecembe	r 31, as the ca	se may be	e).		0		
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	•		0,0				cnarged		
	Rate: Give the standard rate of							e and the		
	unit in which it is generally billed	I. (Example: "\$	20/mth")	. Summarize a	ny standa	rd rate variation	s within a p	particular rate	е	
	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			-		-			ıl	
	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, the second						,.			
	sufficient.		e nght n							
	BL	OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	VICE	NO. OF SUBSCRIE		RATE
	Residential:				-		-			
	Service to first set		0	-						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		234	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra								re	
Г	not covered in space E, that is,									
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the u								s.	
Secondary	enter only the letters "PP" in the	rate column.		-		-		0		
Fransmissions:	Block 1: Give the standard ra									
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-					
	brief (two- or three-word) descri		•		sneu. List	these other services		ionn or a		
							1			
	<u> </u>							BLOCH		
		BLO			//05	DATE	CATECO		<b>VICE</b>	RATE
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SEF		
	Continuing Services:	1	CATEG Installa	tion: Non-res		RATE	CATEGO	DRY OF SEF		
	Continuing Services: • Pay cable	1	CATEG Installa • Mot	tion: Non-res		RATE	CATEGO	DRY OF SEF		
	Continuing Services: • Pay cable • Pay cable—add'l channel	1	CATEG Installa • Mot • Con	<b>tion: Non-res</b> el, hotel nmercial		RATE	CATEGO	DRY OF SEF		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	CATEG Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial cable	dential	RATE	CATEGO	DRY OF SEF		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	1	CATEG Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l ch	dential	RATE	CATEGO	DRY OF SEF		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	1	CATEG Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATEGO	DRY OF SEF		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	dential	RATE	CATEGO	DRY OF SEF		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	dential	RATE	CATEGO	DRY OF SEF		
	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)	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	dential	RATE	CATEGO	DRY OF SEF		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure Other s • Reco • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect connect	dential	RATE	CATEGO	DRY OF SEF		
	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)	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	<b>dential</b>	RATE	CATEGO	DRY OF SEF		

unting Period: 2	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		061706
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 informatio <b>Column 1</b> : List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channel of license. For example, WF <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and $(4))]$ ; and (2) certain states carried by your cable system on a subtract by sour cable system on a subtract basis and als the Special Statement and Program and both on a substitute basis and als s, see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	<b>КҮ</b> ₩-1	3	N	PHILADELPHIA, PA
	WCAU-1	10	N	PHILADELPHIA, PA
		IV		
		12	E	
Rows as Necessary	WHYY-1 WPSG-1	12 57	E	WILMINGTON, DE
ws as Necessary	WPSG-1	57	I	WILMINGTON, DE PHILADELPHIA, PA
ws as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
ws as Necessary	WPSG-1	57	I	WILMINGTON, DE PHILADELPHIA, PA
ows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
ows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
ows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
ows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA
Rows as Necessary	WPSG-1 WPVI-1	57 6	l N	WILMINGTON, DE PHILADELPHIA, PA PHILADELPHIA, PA

LEGAL NAME OF								SYSTEM I 0617
all-band basis v	t every radio s vhose signals	station c were ge	arried on a separate and disc enerally receivable by your ca	ble system durir	ig the account	ting peri	od.	Н
receivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> lo	it is carried b monitoring, to ormation abou rm. dentify the cal	by the sy be rece ut the Co Il sign of	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the pyright Office regulations on each station carried. on is AM or FM.	at the system's h system's FM ar	neadend, and Itenna, during	(2) it ca certain	n be expected, stated intervals.	Primary Transmitters Radio
signal, indicate Column 4: 0	this by placin Give the statio	g a cheo n's locai	gnal was electronically proces ok mark in the "S/D" column. tion (the community to which th , the community with which th	the station is lice	nsed by the F			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				
							·	
				·				
				·				
		·		·				
		·						
		·		·				

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					061706
	SUBSTITUTE CARRIAGE				G			
1					-	4		
•	In General: In space I, ident substitute basis during the a							
Cubatituta	explanation of the programm	01	· ·		, 0	, ,		
Substitute Carriage:					ne general in		ine paper o	A 1-2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did yoι	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ge blank. If your answer is	"Yes " vouu	must comple	te the proc	
	-	, leave life	rest of this pa	ge blank. If your answer is	s res, your	inusi compie	te the prog	nam
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			ate line. Lise abbreviations	wherever n	ossible if th	oir mooning	n ie
	clear. If you need more spa				s wherever p			<i>J</i> 15
				vision program ("substitute	e program") t	hat. during t	he account	ina
	period, was broadcast by a	distant stat	tion and that y	our cable system substitut	ed for the pr	ogramming	of another s	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		depet live ant	ar "Vac " Otherwise enter "	'Ne "			
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which th		censed by th	ne FCC or.	in
	the case of Mexican or Car						,	
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	to the nearest five minutes.	Example: a	a program carr	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syster	n was <i>requ</i>	ired
	to delete under FCC rules a							
	was substituted for program							Sgram
	effect on October 19, 1976.	• •	, ,			0		
								1
						N SUBSTI		
	SI	JBSTITUT	E PROGRAM		CARR	IAGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S		5. MONTH	6. TI		DELETION
		res or no	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– TO	
						_	_	
							_	
							_	
						-	-	
						_	-	
							_	
							_	
						_	-	
						-	-	
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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	SI	STEM ID# 061706
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Et all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (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	,579.43
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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	3263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	nis six-month	
	accounting period is \$52.00.		
	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	e	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		52.00
	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		
	2. base another form line 1     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	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# 061706
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 .         and nonbroadcast services .	6 44
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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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</li> <li>(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.</li> <li>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)]</li> </ul>	e B; or e system as identified wner of the cable system
	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	

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. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06170
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     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.	Q
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.