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)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located	9/15/2022	\$	contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.	9/15/2022	ALLOCATION NUMBER	(202) 707-8150.

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20221 Barcode Data Filing Period (optional - see instructions)	
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.	063189
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	
U	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	ace B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAHANOY 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.

-

Name	N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN State PA (MAHANOY SCI) PA	Name		06318
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN STATE First FRACKVILLE PA (MAHANOY SCI) Image: Community Community	D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Served Identified city. First CITY OR TOWN STATE Community FRACKVILLE (MAHANOY SCI)	Area	Note: Entities and properties such as hotels, apartments, condominiums, or	
First Community (MAHANOY SCI)		identified city.	
Community (MAHANOY SCI)			
			PA
Nessineers	Community		
	dd Rowc ac Nocoscary		
	du Rows as Necessary		
Image: Section of the			
Index <tr< td=""><td></td><td></td><td></td></tr<>			
Image: Section of the			
Index <tr< td=""><td></td><td></td><td></td></tr<>			
Index <tr< td=""><td></td><td></td><td></td></tr<>			

	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						
	CEQUEL COMMUNICA	TIONS LLC						063189
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBE	RS AND RATES				
E	In General: The information in s							
Secondary	system, that is, the retransmissi about other services (including p							
Transmission	last day of the accounting period					LINGE EXIS		
Service: Sub-	Number of Subscribers: Bot					able system	n, broken	
scribers and	down by categories of secondar	•			•			
Rates	each category by counting the n		•	•••	•	•	s charged	
	separately for the particular server Rate: Give the standard rate of						de and the	
	unit in which it is generally billed							
	category, but do not include disc	counts allowed	for advance	payment.				
	Block 1: In the left-hand block	•		•				
	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, 1 with the number of subscribers a				•			
	sufficient.	and rates, in the	- ngnt-nanu				Service 13	
	BLO	OCK 1				BLOCK	-	-
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE C	ATEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:					-		
	Service to first set		0	-				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		576	42.41				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES				
F	In General: Space F calls for ra	•	,					
•	not covered in space E, that is, t service for a single fee. There a							
Services	furnished at cost or (2) services	•		•		• •	,	
Other Than	amount of the charge and the u							
Secondary	enter only the letters "PP" in the							
Fransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha						tworo not	
Rates	listed in block 1 and for which a							
	brief (two- or three-word) descri							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation	n: Non-residentia	al			
	• Pay cable	-	• Motel, ł	notel				
	Pay cable—add'l channel	-	• Comme	ercial				
	Fire protection		• Pay cal	ble				
	•Burglar protection		• Pay cal	ole-add'l channel				
	Installation: Residential		• Fire pro	tection				
	• First set	-	• Burglar	protection				
			Other serv	ices:				1
	 Additional set(s) 	-						
	• Additional set(s) • FM radio (if separate rate)	-	• Reconn		-			
		-		lect				
	• FM radio (if separate rate)	-	• Reconr • Disconr	lect				
	• FM radio (if separate rate)		• Reconr • Disconr • Outlet r	nect				

nting Period:	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		063189
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations,	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	PN, etc. Identify each
	"WETA-2" as the same on t	d with a station according to its over-the the form. el number the FCC assigned to the tele	.	
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	pendent), "I-M" ional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	I. CALL SIGN		0.111201011101	4. ECCATION OF CHATION
	WBRE-1	28	N	WILKES BARRE, PA
		28 16		
as Necessary	WBRE-1		N	WILKES BARRE, PA
s Necessary	WBRE-1 WNEP-1	16	N	WILKES BARRE, PA SCRANTON, PA
Necessary	WBRE-1 WNEP-1 WOLF-1	16 56	N	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA
as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1	16 56 38	N N I I	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA
as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
3 as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
s as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
vs as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
ws as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
ws as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
ws as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
ws as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
ws as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
ws as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
ws as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA
ws as Necessary	WBRE-1 WNEP-1 WOLF-1 WSWB-1 WVIA-1	16 56 38 44	N N I I E	WILKES BARRE, PA SCRANTON, PA HAZLETON, PA SCRANTON, PA SCRANTON, PA

LEGAL NAME OF								SYSTEM I 0637
	t every radio	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	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 process of mark in the "S/D" column. tion (the community to which the the community with which the	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	
		·		·				
			·	·				
			·					
 				·			t1	
				·				

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					063189
	SUBSTITUTE CARRIAGE				G			
					-	tion that you	r ophie ave	tom corried on -
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	· ·		, 0	, ,		
Carriage:					no gonorar m			
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	lsion prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer is		must comple	te the proc	
	-	, leave the	rest of this pa	ge blank. If your answer is	s res, your	inusi comple	te the prog	ran
	log in block 2.							
	2. LOG OF SUBSTITUTE							. :-
	In General: List each subst clear. If you need more spa				s wnerever p	ossible, if the	eir meaning	g is
				vision program ("substitute	program") t	hat during th	ne account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter '				
				asting the substitute progr				
				he community to which th			e FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	aonth
	first. Example: for May 7 give		when your sys		; program. O	se numerais	, with the fi	IOHUI
			e substitute pro	ogram was carried by you	r cable syste	m I ist the ti	mes accura	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	•	1 0	, ,	•	•		
	Column 7: Enter the lett	er "R" if the	listed program	n was substituted for prog	ramming tha	t your systen	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	s and regulat	ions in	
	effect on October 19, 1976.							
	9		E PROGRAM			EN SUBSTIT		7. REASON FOR
			3. STATION'S			6. TII		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
		100 01 110	0/122 01011		7.110 0711			
							-	
						_	-	
							-	
							-	
						_	_	
						_	-	
							-	
						_	_	
							-	
						_	-	
							-	
						_		
						_	-	
							-	

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063189
			003189
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission servic is amount, se	¢ 6,641.31
_	COPYRIGHT ROYALTY FEE		
L 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 accounting period is \$52.00.	this six-month	
	Line 1. Royalty fee for accounting period		
	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,	100)	
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K \$ 146,641.31	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K	146,641.31	
	5. Enter the amount from line 3	117,158.69	
	6. Subtract line 5 from line 4	29,482.62	
	7. Multiply line 6 by .005 (enter figure here)	\$	147.41
	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	. \$	147.41
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula \$ 263,800.00	_	
	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)	147.41	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	167.41
	EFT Trace # or TRANSACTION ID #]	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063189
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	6 45
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)] 	B; or 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	
Privacy Act Notico	: Soction 111 of Title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (201)	

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	06318
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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P
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 transmission made by satellite carriers to satellite dish owners?	IS
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
I	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer	
	nt. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	nt. Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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
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	Interest Assessme
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
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