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

STATE	IENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
	lary Transmissions by tems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located		9/15/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.			ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	

Α	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			
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.	063265
		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, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ur Is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	CARLIN CONSERVATION	
		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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063265
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	CARLIN (CARLIN CONSERVATION)	NV
dd Rows as Necessary		

								FORM SA	
Name									
	CEQUEL COMMUNICATIONS LLC								06326
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	In General: The information in space E should cover all categories of secondary transmission service of the c								
0	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Secondary Transmission	last day of the accounting period						nose exisi	ling on the	
Service: Sub-	Number of Subscribers: Bot	•				,	ole system	ı, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			0,0				s charged	
	separately for the particular service					•	,		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·	,		ny stanua		s wiu iir a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	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					service that are	different f	from those	
	printed in block 1 (for example, t	tiers of services	s that inc	lude one or m	ore secon	dary transmissic	ons), list th	em, together	
		and rates, in th	e right-ha	and block. A tv	vo- or three-word description of the service is				
	sufficient.	OCK 1				BLOCK 2			
		NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SER	VICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		20	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				-				
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 un	nit in which it is	usually	oilled. If any ra	ites are cl	narged on a varia	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rales	Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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.								
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	TUTE		tion: Non-resi		TUTE	0/1120		- TOTIL
				el, hotel					
	-	-		mercial					
	• Pay cable	-	 Con 					••••••	
	Pay cable Pay cable—add'l channel	- 							
	Pay cable Pay cable Pay cable—add'l channel Fire protection		• Pay	cable	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pay • Pay	cable cable-add'l ch	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Pay • Fire	cable cable-add'l ch protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Pay • Fire • Burg	cable cable-add'l ch protection llar protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burg Other s	cable cable-add'l ch protection lar protection ervices:	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burç Other s • Rec	cable cable-add'l ch protection lar protection ervices: onnect	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burç Other s • Rec • Disc	cable cable-add'l ch protection lar protection ervices: onnect onnect	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	cable cable-add'l ch protection lar protection ervices: onnect		· · · · · · · · · · · · · · · · · · ·			

ounting Period: 2								
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID				
Hame	CEQUEL COMMUNIC	ATIONS LLC		06326				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form.	<i>t</i> (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, report	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream				
	of license. For example, W Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these to Column 4: Give the location	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. In case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	a 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				
	KBYU-1	11	Е					
				PROVO, UT				
	KSL-1	5	N	SALT LAKE CITY, UT				
dd Rows as Necessary		5 13						
id Rows as Necessary	KSL-1		N	SALT LAKE CITY, UT				
ld Rows as Necessary	KSL-1 KSTU-1	13	N 1	SALT LAKE CITY, UT SALT LAKE CITY, UT				
ld Rows as Necessary	KSL-1 KSTU-1 KTVX-1	13 4	N 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT				
ld Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1	13 4 30	N 	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				
dd Rows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT				

EGAL NAME O								SYSTEM I 0632
	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	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 si	be expected, tated intervals.	Primary Transmitters Radio
Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	dentify the call state whether t the radio stat this by placing Sive the station	the static ion's sig g a chec n's locati	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	ne station is licen	sed by the FC			
			the community with which the		-	0/5		
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	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063265
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televi	sion program, broadcast by	a distant stat	tion, that yoι	ur cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm				he general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tele	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	ete the prog	jram
	log in block 2.							
	2. LOG OF SUBSTITUTE			ata lina. Llaa abbraviatian	- whorever p	acible if th	oir moonin	n io
	In General: List each subst clear. If you need more spa				s wherever po		en meaning	J 15
				vision program ("substitute	e program") tł	nat, during t	he account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				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	nadian statio	ons, if any, the	community with which the	e station is id	entified).		
		•	when your sy	stem carried the substitute	e program. Us	se numerals	s, with the n	nonth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable svster	n. List the ti	mes accura	atelv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	or "D" if tho	listed program	n was substituted for prog	romming that	vour oveter		irod
	to delete under FCC rules a							
	was substituted for progran	nming that y						0
			-					
	effect on October 19, 1976.		-					
	effect on October 19, 1976.		-		WHE	N SUBSTI	TUTE	
		UBSTITUT	E PROGRAM		CARRI	AGE OCCI	JRRED	7. REASON FOR DELETION
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCI		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	/STEM ID# 063265
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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	,100.00
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.	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
	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	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		\$	67.00
	EFT Trace # or TRANSACTION ID #		
		of Converients	
	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 than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and the paper SA1-2 form and the Excel instructions tab for more tables and tables and tables are tables at the paper SA1-2 form and the Excel instructions tab for more tables at tables		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063265
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	7 20
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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or 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
	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.

ounting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06326
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 Name Mailing Address 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
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.	
OwnerAddress	
ID number First community served Accounting period	
Accounting period	ļ

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.