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

STATEME	NT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to		
for Secondar	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instruc	ctions are located of this workbook.	9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACCOUNTING PERIOD COVERED E		BY THIS STATEMENT: (YY	YY/(Period))		
	2022/1	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.
		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)
		(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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:
	_	NORTH FORK CORRECTIONAL FACILITY
		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.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	063668							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First	Sayre	ОК							
Community	(NORTH FORK CORRECTIONAL FACILITY)								
Add Rows as Necessary									

	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIB	ERS AND RA	TES							
E	In General: The information in s	pace E should c	over all	categories of	secondary							
- ·	system, that is, the retransmission											
Secondary	about other services (including p						nose existir	ng on the				
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular serv							a and the				
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•			-					
	category, but do not include disc	· ·	,		iy stanuar		within a pa					
	Block 1: In the left-hand block				ies of seco	ondary transmiss	sion service	e that cable				
	systems most commonly provide											
	that applies to your system. Note			-		-						
	categories, that person or entity subscriber who pays extra for ca				• •	0,	•					
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a	ind rates, in the	right-ha	nd block. A tw	o- or three	e-word description	on of the se	ervice is				
	sufficient.	OCK 1			T		BLOCK	(2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	S RATI			
	Residential:		•									
	Service to first set		0	-								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel			10.11								
	Commercial		96	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES								
F	In General: Space F calls for rat											
	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services		,		0		0()					
Other Than												
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.											
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	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.											
		K 1				BLOCK 2						
		BLOC										
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATE			
	CATEGORY OF SERVICE Continuing Services:	RATE (CATEG	ORY OF SER		RATE	CATEG		E RATE			
		RATE (CATEG nstalla			RATE	CATEG		E RATE			
	Continuing Services:	RATE (CATEG nstallat • Mote	tion: Non-res		RATE	CATEG					
	Continuing Services: • Pay cable	RATE (CATEG nstallat • Mote • Com	tion: Non-res el, hotel		RATE	CATEG					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE (CATEGO nstallar • Mote • Com • Pay	tion: Non-res el, hotel imercial	idential	RATE	CATEG		CE RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE (CATEG nstallat • Mote • Com • Pay • Pay	tion: Non-res el, hotel mercial cable	idential	RATE	CATEG		CE RATE			
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE (CATEG nstallar • Mote • Com • Pay • Pay • Fire	tion: Non-res el, hotel mercial cable cable-add'l ch	idential	RATE	CATEG					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE (CATEGO nstallar • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection	idential	RATE	CATEG					
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	RATE (CATEGO nstallar • Mote • Com • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential	RATE	CATEG					
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE (CATEG nstallar • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential	RATE	CATEG					
	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)	RATE (CATEG nstallat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential	RATE	CATEG					

	1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER O			SYSTEM II					
				0636					
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)								
G	carried by your cable syste	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part-	time basis under					
Primary insmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. : With respect to any distant stations ca							
	• Do <i>not</i> list the station her station was carried <i>only</i> on								
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each					
	"WETA-2" as the same on	d with a station according to its over-the the form. el number the FCC assigned to the telev	0						
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. a case whether the station is a network s	· · · ·						
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. Lot			4. LOCATION OF STATION					
	KAUT-1	43	I	OKLAHOMA CITY, OK					
	KETA-1	13	Е	OKLAHOMA CITY, OK					
ows as Necessary	KFOR-1	4	N	OKLAHMA CITY, OK					
Rows as Necessary									
	КОСВ-1	34		OKLAHOMA CITY, OK					
	КОСВ-1 КОСО-1	34	l N	OKLAHOMA CITY, OK					
	КОСО-1	5		OKLAHOMA CITY, OK					
	косо-1 кокн-1	5 25	I N I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	косо-1 кокн-1 кѕві-1	5 25 52	I N I I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1	5 25 52 30	 N 	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1	5 25 52 30	I N I I I I N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1 KUOK-1	5 25 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK					

EGAL NAME OF									SYSTEM 0630
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t ti sys his	ne system's hea stem's FM anter point, see page by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge vstem as a sep ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2022/1						FORM	SA1-2E. PAGE 5				
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	.C					063668				
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG								
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	a <i>distant</i> statio	on, that your cable	system c	carried on a				
Substitute	substitute basis during the ac explanation of the programmi											
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE								
Special	 During the accounting peri 	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log	broadcast by a distant stat	ion?					res	× NO				
	Note: If your anowar is "No.	" loovo tho	root of this nos	o blonk. If your onowor is "	'Voo " vou m							
	Note: If your answer is "No,	leave the	rest of this pag	e blarik. Il your allswel is	res, you m	ust complete the	program					
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS									
	In General: List each subst			te line. Use abbreviations v	wherever pos	ssible, if their mea	aning is					
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			-					
	Column 1: Give the title operiod, was broadcast by a			sion program ("substitute p				20				
	under certain FCC rules, req											
	Do not use general categori											
	"NBA Basketball: 76ers vs.			"Mar " Othersian antes "N	1 - "							
				"Yes." Otherwise enter "N sting the substitute progra								
				e community to which the		ensed by the FCC	cor, in					
	the case of Mexican or Can											
	first. Example: for May 7 giv		when your syst	em carried the substitute p	program. Use	e numerals, with t	the month	n				
			substitute prog	gram was carried by your o	cable system	. List the times a	ccurately					
	to the nearest five minutes.											
	stated as "6:00–6:30 p.m."	r "D" if the	liated program	was substituted for progra	mming that	our ovotom waa	roquirod					
	to delete under FCC rules a											
	was substituted for program											
	effect on October 19, 1976.											
					WH	EN SUBSTITUT	F					
	S	UBSTITUT	E PROGRAM			AGE OCCURR		7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то	DELETION				
						_						
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Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063668					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 an 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.	ission service mount, see	4,486.00					
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 \$2 • 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					
l	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 \$137,1)	00)						
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K							
	2. Either announced gross receipts non-space R 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							
	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							
	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		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC				SYSTEM ID# 063668
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	You must give (1) the numbers, and (2) the cable system tal number of channels on wi ied television broadcast stati tal number of activated chan e cable system carried televi adcast services	's total number of a hich the cable ons	ctivated channels during the		10 22
N Individual to		TO BE CONTACTED IF FUR		ON IS NEEDED (Identify ar	n individual	
Be Contacted for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, app TYLER, TX 75701 (City, town, state, zip)		r)		
	Email	RODNEY.HA	SKINS@ALTICEL	JSA.COM	Fax (optional	
	CERTIFICATION	I (This statement of account	must be certified an	d signed in accordance with	n Copyright Office regulations)	
O Certification		ned, hereby certify that (Check			n as identified in line 1 of space I	3; or
		in line 1 of space B and that	the owner is not a co	prporation or partnership; or	agent of the owner of the cable s f the legal entity identified as own	
	are true, compl	ed the statement of account ar lete, and correct to the best of ction 1001(1986)]			ements of fact contained herein nade in good faith.	
			Enter an electroni	an Dannenbaum c signature on the line above t sing an "/s/ signature" (e.g., /s		
		Typed or print	ed name: ALA	N DANNENBAUM		
		Title:	SVP, PROG	RAMMING 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.

Accounting Period: 2022/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	063668
 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 made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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 x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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