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

				Return completed workbook by	
STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY		
	ary Transmissions by	DATE RECEIVED	coplicsoa@copyright.gov		
-	ems (Short Form)	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.	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
		_			
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	2022	Barcode Data Filing Period (optional	- see instructions)		
Accounting	2022				
Period					
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		diary of another corporation, give the full corp	oorate title	
Owner	List any other name or names under wh		the cable system		
o milor					
	If there were different owners during th single statement of account and royalty		the last day of the accounting period should su ting period.	ubmit a	
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	063883	
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM			
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM			
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite	number)			

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B

(Number, street, rural route, apartment, or suite number)

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.

TYLER, TX 75701 (City, town, state, zip)

City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

CHILLICOTHE CORRECTIONAL CENTER

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	CEQUEL COMMUNICATIONS LLC	063883							
D	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								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	e home parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	CHILLICOTHE	MO							
Community	(CHILLICOTHE CORRECTIONAL CENTER)								
d Rows as Necessary									

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C		SYSTEM ID#								
	CEQUEL COMMUNICA		06388								
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES						
Ε	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting paried (lung 30 or December 31 or the case may be)										
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		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number o	of persons or org	anizations	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 standa	ro rate variation	s within 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					d in the count un	der "Servi	ce to the			
	Block 2: If your cable system	0			· · ·	service that are	different f	from those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a										
	sufficient.										
	BLO				BLOCK	K 2 NO. OF	1				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	VICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		0	-							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		162	42.41							
	Converter										
	Residential										
	Non-residential										
			ľ						T		
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were										
•	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services										
Services	furnished at cost or (2) services	•			0		0 (,			
Other Than	amount of the charge and the un	nit in which it is	usually	billed. If any ra	ites are cl	narged on a varia	able per-p	rogram basis,			
Secondary	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. Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
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										
	brief (two- or three-word) description and include the rate for each.										
	Differ (two- of timee-word) descrip										
								BLOCK 2 ORY OF SERVICE			
		BLO RATE			VICE	RATE	CATEG		RATE		
	CATEGORY OF SERVICE		CATEG	GORY OF SER		RATE	CATEG	ORT OF SERVICE	RATE		
	CATEGORY OF SERVICE Continuing Services:		CATEO Installa	ation: Non-res		RATE	CATEG	ORT OF SERVICE	RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEC Installa • Mot			RATE	CATEG		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mot • Cor	ation: Non-res tel, hotel mmercial		RATE	CATEG		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE	CATEG		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE	CATEG		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential		CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch @ protection	idential	RATE	CATEG		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection	idential	RATE	CATEG		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential	RATE			RATE		
	CATEGORY OF SERVICE 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)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential	RATE			RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect connect	idential	RATE			RATE		
	CATEGORY OF SERVICE 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)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential annel	RATE			RATE		

counting Period:	2022/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID 06388				
Nume	CEQUEL COMMUNICATIONS LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 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 basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form.	t (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo	me basis under ms [sections ions carried on a stitute program .og)—if the o n some other ons. N, etc. Identify each rt multistream				
	 Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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. LOCATION OF STATION				
	КМВС-1	9	Ν	KANSAS CITY, MO				
	KCTV-1	5	Ν	KANSAS CITY, MO				
dd Rows as Necessary	KCWE-1	29	I	KANSAS CITY, MO				
	WDAF-1	4	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	KANSAS CITY, MO				
	KSHB-1	41	N	KANSAS CITY, MO				
	KMOS-1	6	E	SEDALIA,MO				

EGAL NAME OF								SYSTEM 0638
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of f For detailed info paper SA1-2 for Column 1: Io Column 2: S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be rece t the Co sign of the statio	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	at the system's system's FM a this point, see p	neadend, and (ntenna, during o age (v) of the g	2) it can certain s jeneral ir	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locati	k mark in the "S/D" column. ion (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2022/1						FORM	1 SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS L	LC					063883		
	SUBSTITUTE CARRIAGE				G					
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
-	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of th	ne general ins	tructions in	the paper S	A1-2 form.		
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE						
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta	tion?					YES	×NO		
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If your answer is	s "Yes " vou r	nust comp				
	log in block 2.	, loave the		ge blank. If your anower it	, 100, your	nuot oomp	iete trie prog	lam		
	2. LOG OF SUBSTITUTE		MS							
	In General: List each subst			ate line. Use abbreviations	wherever po	ossible, if t	heir meaning	l is		
	clear. If you need more spa									
	Column 1: Give the title period, was broadcast by a			vision program ("substitute						
	under certain FCC rules, re									
	Do not use general categor	ies like "mo	vies" or "bask	etball." List specific progra	m titles, for e	xample, "I	Love Lucy"	or		
	"NBA Basketball: 76ers vs.			······································	NI - "					
				er "Yes." Otherwise enter " asting the substitute progr						
				he community to which the		ensed by	the FCC or, i	in		
	the case of Mexican or Car									
	first. Example: for May 7 give		when your sy	stem carried the substitute	program. Us	se numera	ls, with the m	nonth		
			e substitute pro	ogram was carried by your	- cable svster	n. List the	times accura	atelv		
	to the nearest five minutes.							,		
	stated as "6:00-6:30 p.m."	"D" :(()	P. 4. 1							
	to delete under FCC rules a			n was substituted for progr uring the accounting perio						
	was substituted for program							gram		
	effect on October 19, 1976.		-			-				
	SI	JBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO					
					CARRI	AGE OCC	URRED	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. 1	TIMES	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No		4. STATION'S LOCATION						
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES			

Accounting Period:	2022/1 FORM SA	1-2E. PAGE 6.
Name		STEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063883
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	,292.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this 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	52.00
	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	
	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 \$ 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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 063883
M Channels	to its subscribers, a 1. Enter the total nu	and (2) the cable system's tumber of channels on which	total numl h the cabl	is on which the cable system carried television broadcast stations ber of activated channels during the accounting period.	6
	on which the cabl	umber of activated channel le system carried television it services	broadcas	st stations	37
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of account		RMATION IS NEEDED (Identify an individual	
for Further Information	Name F	RODNEY HASKINS		Telephone	903) 579-3152
	۳ ۲	3027 S SE LOOP 323 Number, street, rural route, apart TYLER, TX 75701 City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned, (Owner o	, hereby certify that (Check o other than corporation or p f owner other than corpora	one, <i>but or</i> partnersh ation or p	ip) I am the owner of the cable system as identified in line 1 of space	e B; or
	X (Officer in line • I have examined th	or partner) I am an officer (e 1 of space B. ne statement of account and and correct to the best of m	(if a corpo I hereby d	ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as a eclare under penalty of law that all statements of fact contained her ge, information, and belief, and are made in good faith.	
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on 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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	063883
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	
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 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	
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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