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	email to			
	ary Transmissions by	DATE RECEIVED AMOUNT		coplicsoa@copyright.gov		
-	ems (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at		
in the first tab	of this workbook.	2/28/2023	ALLOCATION NUMBER	(202) 707-8150.		
A Accounting Period	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 2 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31			
<b>B</b> Owner	Instructions: Give the full legal name of the owner of t subsidiary, not that of the parent corpora List any other name or names under whic	ation.	ary of another corporation, give the full corpora e cable system.	te title of the		
	-	accounting period, only the owner on the ment covering the entire accounting period	e last day of the accounting period should subm od.	nit a single		
	Check here if this is the system's first filin	ig. If not, enter the system's ID number as	ssigned by the Licensing Division.	010736		

		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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		BROOKFIELD, MO
		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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	010736						
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.							
Serveu								
	CITY OR TOWN	STATE						
First	BROOKFIELD	MO						
Community	LINN COUNTY(PORTIONS)	МО						
Add Rows as Necessary								
Add Rows as Necessary								

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIP	SERS AND RAT	FS							
E	In General: The information in s					transmission se	ervice of th	ie cable				
	system, that is, the retransmission											
Secondary	about other services (including p						ose existii	ng on the				
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and												
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular servi							a and the				
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed.	-	-	•			-					
	category, but do not include disc	· ·	,		yotandan		mann a p					
	Block 1: In the left-hand block			-		•						
	systems most commonly provide that applies to your system. Note											
	categories, that person or entity			U U		•						
							•					
		subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the 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											
	sufficient.		ngn-ne	and block. A two								
	BLC	DCK 1					BLOCH					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		113	50.00								
	<ul> <li>Service to additional set(s)</li> </ul>											
	<ul> <li>FM radio (if separate rate)</li> </ul>											
	Motel, hotel											
	Commercial		16	45.95								
	Converter											
	• Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES								
F	In General: Space F calls for rat											
Г	not covered in space E, that is, the											
Services	service for a single fee. There ar furnished at cost or (2) services	•					• • •					
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. Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
Rates	listed in block 1 and for which a s				-							
	brief (two- or three-word) descrip											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	ation: Non-resi	dential							
	• Pay cable	17.00		tel, hotel								
	• Pay cable—add'l channel	19.00		nmercial								
	Fire protection			/ cable								
	•Burglar protection			/ cable-add'l cha	annel							
	Installation: Residential			e protection								
	First set	99.00		glar protection								
	Additional set(s)     EM radio (if separate rate)	25.00		services:		40.00						
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect		40.00						
	- Converter			connect let relocation		25.00						
	1		- Out			25.00	L					
			• Mov	ve to new addre	<b>SS</b>	99.00						

	2022/2			FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER O			SYSTEM II 01073							
	CEQUEL COMMUNICATIONS LLC										
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary nsmitters:	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(6	<b>General:</b> In space G, identify every television station (including translator stations and low power television stations) rried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under iC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a postitute program basis, as explained in the next paragraph.									
levision	Substitute Basis Stations basis under specific FCC ru	: With respect to any distant stations ca lles, regulations, or authorizations: e in space G—but do list it in space I (th									
	station was carried <i>only</i> on • List the station here, and a	a substitute basis. also in space I, if the station was carried	d both on a substitute basis and also	o on some other							
	<b>Column 1:</b> List each station multicast stream associated	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	rogram services such as HBO, ESP	N, etc. Identify each							
	of license. For example, W	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	C C	,							
	educational station, by ente (for independent multicast),	n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o	for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio	ndent), "I-M"							
	Column 4: Give the locatio	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	the community to which the station	-							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	КСРТ-1	19	Е	KANSAS CITY, MO							
	KCTV-1	5	N	KANSAS CITY, MO							
ws as Necessary	KCTV-1 KCWE-1	5 29	N I	·····							
ws as Necessary			N I N	KANSAS CITY, MO KANSAS CITY, MO							
ws as Necessary	KCWE-1	29 9	I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1	29 9 38	I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS							
vs as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1	29 9 38 41	I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO							
vs as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO							
vs as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41	I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							
ws as Necessary	KCWE-1 KMBC-1 KMCI-1 KSHB-1 KSMO-1 KTVO-1	29 9 38 41 62	I N I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KIRKSVILLE, MO							

	MMUNICA	TIONS	LLC						010
PRIMARY TRANSMITTERS: RADIO n General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.									н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	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. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page I by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem 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		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2022/2						FORM	M SA1-2E. PAGE 5			
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	C					010736			
	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG							
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	distant static	on, that your cabl	e system	carried on a			
Substitute	substitute basis during the ac explanation of the programmi										
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE							
Special	<ul> <li>During the accounting peri</li> </ul>	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?					YES	× NO			
	Note: If your answer is "No,	" loovo tho	roct of this pag	o blank. If your answer is "							
	-	leave life	lest of this pay	e blatik. Il your allswei is	res, you mu	ust complete the	; program				
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst			te line. Use abbreviations v	vherever pos	sible, if their me	aning is				
	clear. If you need more space	ce, please a	dd additional r	ows to the tables.			-				
	column 1: Give the title of period, was broadcast by a			sion program ("substitute p							
	under certain FCC rules, reg										
	Do not use general categori	es like "mov									
	"NBA Basketball: 76ers vs.		cast live onter	· "Yes." Otherwise enter "N	o."						
				sting the substitute program							
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		C or, in				
	the case of Mexican or Can										
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerals, with	the mon	Ith			
	, , , , ,		substitute prog	gram was carried by your c	able system	List the times a	accuratel	у			
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. shoul	d be				
	stated as "6:00–6:30 p.m."	ar "P" if the	listed program	was substituted for progra	mming that y	our evetom wae	required	4			
	to delete under FCC rules a										
	was substituted for program	ming that y	our system wa	s permitted to delete under	FCC rules a	and regulations i	n				
	effect on October 19, 1976.										
					WHE	EN SUBSTITUT	ΓE				
	S	UBSTITUT	E PROGRAM			IAGE OCCURF		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 —	s TO	DELETION			
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 010736
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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.	iission service imount, see \$55	5,731.0 <b>6</b>
	<b>IMPORTANT</b> : You must complete a statement in space P concerning gross receipts.	(Amount of gro	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 \$ • 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 t accounting period is \$52.00.	his 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	\$	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		
	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	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 m		

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC				SYSTEM ID# 010736
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	ers, and (2) the cable system's tal number of channels on whic ied television broadcast station tal number of activated channe e cable system carried televisio	total num ch the cab is els on broadc		counting period.	9 168
N Individual to Be Contacted		TO BE CONTACTED IF FURTI		DRMATION IS NEEDED (Identify an inc	lividual	
for Further Information	Name	RODNEY HASKINS			Telephone (	903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartr TYLER, TX 75701 (City, town, state, zip)		te number)		
	Email	RODNEY.HASH	(INS@A	LTICEUSA.COM	Fax (optional	
	CERTIFICATION	I (This statement of account m	ust be cer	rtified and signed in accordance with Co	opyright Office regulations)	
O Certification		ned, hereby certify that (Check or		<i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as	identified in line 1 of space B;	or
	(Age			<b>artnership)</b> I am the duly authorized age s not a corporation or partnership; or	nt of the owner of the cable sys	stem as identified
	X (Offi	<b>cer or partner)</b> I am an officer (i in line 1 of space B.	if a corpor	ation) or a partner (if a partnership) of the	e legal entity identified as owne	r of the cable system
	are true, comp			clare under penalty of law that all statem Ige, information, and belief, and are made		
	I		Х	/s/ Alan Dannenbaum		
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	ALAN DANNENBAUM		
		Title:		PROGRAMMING		
		Date:			2/28/2023	

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: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	010736
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: <ul> <li>"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.</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	<b>Q</b> 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	

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.