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

STATEM	ENT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to							
	ary Transmissions by	DATE RECEIVED	AMOUNT	-						
	ems (Short Form)		\$	For additional information, contact the U.S. Copyright						
General instru	uctions are located	2/28/2023		Office Licensing Division at						
າ the first tab	of this workbook.	2/20/2020	ALLOCATION NUMBER	(202) 707-8150.						
A										
~	ACCOUNTING PERIOD COVEREI	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
Accounting Period	202									
В	Instructions: Give the full legal name of the owner o subsidiary, not that of the parent corpo		iary of another corporation, give the full corpora	te title of the						
Owner	List any other name or names under whether whether the second sec	nich the owner conducts the business of the	e cable system.							
		he accounting period, only the owner on th ayment covering the entire accounting peri	ne last day of the accounting period should subm iod.	it a single						
	Check here if this is the system's first fi	ling. If not, enter the system's ID number a	ssigned by the Licensing Division.	010962						
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM								
	CEQUEL COMMUNICATIONS LLC	;								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
	SUDDENLINK COMMUNICATIONS									
	MAILING ADDRESS OF OWNER O	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	3027 S SE LOOP 323									
	(Number, street, rural route, apartment, or sui	(Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip)									
С			tify the business and operation of the sy e system, if different from the address g							
System	IDENTIFICATION OF CABLE SYSTEM	:								
	PAOLA, KS									
	MAILING ADDRESS OF CABLE SYST	EM:								
	2 (Number, street, rural route, apartment, or sui	te number)								

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 it 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 I	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	010962
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings.	is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete s a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	e parks should be reported in parentheses below the identified
		STATE
First	CITY OR TOWN PAOLA	KS
Community	JOHNSON COUNTY (PORTION)	KS
	MIAMI COUNTY (PORTION)	KS
Add Rows as Necessary	OSAWATOMIE	KS
	SPRING HILL	KS

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							STEM ID			
Name	CEQUEL COMMUNICAT	IONS LLC							01096			
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	SERS AND RAT	FS							
E	In General: The information in s					transmission se	ervice of th	ie cable				
	system, that is, the retransmission											
Secondary Transmission	about other services (including p last day of the accounting period						iose existii	ng on the				
Service: Sub-							e 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 number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).											
	Rate: Give the standard rate c							e and the				
	unit in which it is generally billed.	-	-	•			-					
	category, but do not include disc											
	Block 1: In the left-hand block	•		-		•						
	systems most commonly provide that applies to your system. Note											
				0		•						
	categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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.		0	•		•						
	BLC	DCK 1 NO. OF					BLOCK					
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI			
	Residential:											
	 Service to first set 	1	1,468	50.00								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		75	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	amount of the charge and the un											
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. 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) description and include the rate for each.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SERV	'ICE	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	00.00		e protection								
	First set	99.00 25.00		glar protection								
	 Additional set(s) EM radio (if separate rate) 	25.00		services: connect		40.00						
	 FM radio (if separate rate) Converter 			connect		40.00						
	- Converter			connect		25.00						
			- Out	lier reiocation		20.00						
			• Mov	ve to new addre	88	99.00						

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	ATIONS LLC		010					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	· · · · · · · · · · · · · · · · · · ·	ntify every television station (including to m during the accounting period, <i>except</i> (,					
U		in effect on June 24, 1981, permitting the							
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	tions carried on a					
Television	Substitute Basis Stations	: With respect to any distant stations car	rried by your cable system on a su	bstitute program					
	 basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 								
	station was carried only on	a substitute basis.	·						
		also in space I, if the station was carried on concerning substitute basis stations, s							
		n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	•	•					
	"WETA-2" as the same on	the form.							
		el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community					
	Column 3: Indicate in each	case whether the station is a network s	, , ,						
		ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or							
	For the meaning of these te	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,					
		n of each station. For U.S. stations, list t dian stations, if any, give the name of the	•						
		-							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	КСРТ-1	19	E	KANSAS CITY, MO					
	КСРТ-2	18	E-M	KANSAS CITY, MO					
d Rows as Necessary	КСРТ-3	19.3	E-M	KANSAS CITY, MO					
	KCPT-HD1	19	E-M	KANSAS CITY, MO					
	КСТУ-1	5	Ν	KANSAS CITY, MO					
	KCTV-2	5.2	N	KANSAS CITY, MO					
	KCTV-3	5.3	N	KANSAS CITY, MO					
	KCTV-HD1	5	N-M	KANSAS CITY, MO					
	KCWE-1	29	1	KANSAS CITY, MO					
	KCWE-2	29.2	I-M	KANSAS CITY, MO					
	KCWE-HD1	29	I-M	KANSAS CITY, MO					
	KMBC-1	9	N	KANSAS CITY, MO					
		·							
	KMBC-2	0.2	I M	KANSAS CITY MO					
		9.2	I-M	KANSAS CITY, MO					
	KMBC-HD1	9	I-M N-M	KANSAS CITY, MO					
	KMBC-HD1 KMCI-1	9 38	N-M I	KANSAS CITY, MO LAWRENCE, KS					
	KMBC-HD1 KMCI-1 KMCI-2	9 38 38.2	N-M I I-M	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS					
	KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1	9 38 38.2 38	N-M I	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS					
	KMBC-HD1 KMCI-1 KMCI-2	9 38 38.2	N-M I I-M	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS					
	KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1	9 38 38.2 38	N-M I I-M	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS					
	KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KPXE-1	9 38 38.2 38 50	N-M I I-M I-M I	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO					
	KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KPXE-1 KPXE-HD1	9 38 38.2 38 50 50	N-M I I-M I-M I I-M	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO					
	KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KPXE-1 KPXE-HD1 KSHB-1	9 38 38.2 38 50 50 41	N-M I I-M I-M I I-M N	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2	9 38 38.2 38 50 50 41 41.2	N-M I I-M I-M I I I-M N I-M	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2 KSHB-HD1	9 38 38.2 38 50 50 41 41.2 41	N-M I I-M I-M I I I-M N I-M	KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					

ounting Period:	-			FORM SA1-2E. PA						
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM						
	CEQUEL COMMUNI	CATIONS LLC		010						
	PRIMARY TRANSMITTERS	: TELEVISION								
G	carried by your cable syste	n General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary	0	.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 field on a								
Transmitters:										
Television										
		ere in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the						
	station was carried only o	n a substitute basis.								
	,	also in space I, if the station was carried								
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each									
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream									
	"WETA-2" as the same on the form.									
	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						
	WDAF-1	4	I	KANSAS CITY, MO						
	WDAF-2	4.2	I-M	KANSAS CITY, MO						
	WDAF-3	4.3	I-M	KANSAS CITY, MO						
	WDAF-HD1	4	I-M	KANSAS CITY, MO						

EGAL NAME OF									SYSTEM 0109
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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally									н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether is the radio stat this by placing tive 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 C tem whenever it is received at ved at the headend, with the s opyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes at mark in the "S/D" column. on (the community to which the the community with which the	t ti sys nis ed	he system's hea stem's FM anter point, see page I by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge ystem as a se 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	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3,0	LOCATION OF STATION	1	UALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio	d: 2022/2						FORM	SA1-2E. PAGE 5				
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	.C					010962				
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG								
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	distant statio	on, that your cable	system o	carried on a				
Substitute	substitute basis during the ac explanation of the programmi											
Carriage:		-			<u> </u>	•••						
Special		SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE uring 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	-	,				-	× NO				
Trogram Log	,											
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete the p	program					
	log in block 2. 2. LOG OF SUBSTITUTE	PPOCPA	MS									
	In General: List each subst			e line. Use abbreviations v	wherever pos	sible, if their mea	ning is					
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			-					
		Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station										
		period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.										
	Do not use general categori											
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vee." Otherwise enter "N								
				"Yes." Otherwise enter "N sting the substitute program								
				e community to which the		nsed by the FCC	or, in					
	the case of Mexican or Can											
	first. Example: for May 7 giv		wnen your syst	em carried the substitute p	program. Use	numerals, with tr	ne montr	n				
			substitute prog	gram was carried by your c	able system	List the times ac	curately					
	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. should	be					
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>n</i>	equired					
	to delete under FCC rules a											
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules a	and regulations in						
	effect on October 19, 1976.											
					WHE	EN SUBSTITUTE						
	S	UBSTITUT	E PROGRAM			IAGE OCCURRE		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:	2022/2	FORM SA1-2E. PAGE 6.
Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	010962
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-month
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula	
	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 \$ 406,149.44	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,423.49
	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	\$ 2,742.49
	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)	2,742.49
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,762.49
	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:				SYSTEM ID# 010962
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system otal number of channels on wh ried television broadcast static otal number of activated chann he cable system carried televis	ns	s during the accou	unting period.	29 325
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acco	THER INFORMATION IS NEEDED	(Identify an individ	dual	
for Further Information	Name	RODNEY HASKINS			Telephone (903)) 579-3152
	Address 	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-			
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM	F	ax (optional	
0	CERTIFICATIO	N (This statement of account r	nust be certified and signed in acco	rdance with Copy	right Office regulations)	
Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the c	able system as ide	entified in line 1 of space B; or	
		in line 1 of space B and that	ration or partnership) I am the duly a the owner is not a corporation or partn (if a corporation) or a partner (if a par	nership; or		
	 I have examin are true, comp 	in line 1 of space B. ed the statement of account and	d hereby declare under penalty of law my knowledge, information, and belief	that all statements	s of fact contained herein	
	1		X /s/ Alan Dannenba	um		
			Enter an electronic signature on the Enter signature using an "/s/ signatu			
		Typed or printe	d name: ALAN DANNENB	AUM		
		Title:	SVP, PROGRAMMING	r partnership)		
		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.

PUPEL COMMUNICATIONS LLC D0990 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 secondary transmissions of primary broadcast transmitters, the system for the basic service of providing secondary transmissions pursuant to section 119." The determining the total number of subscribers receiving secondary transmissions pursuant to section 119." Tormore information on when to exclude these amounts, see the note on page (vii) of the general instructions force information on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No TS. Enter the total here and list the satellite carrier(s) below. Name Maling Address Name Maling Address No unust complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation or interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Q	unting Period: 2022/2	FORM SA1-2E. PAGE 8
SPECLA STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONE The Stability Home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Copyright Act by adding the following sectorizes and anoma collected from subscribers receiving sectorizes preventing the total number of subscribers and the gross amounts paid to the cable system for the back sectors and amount collected from subscribers receiving sectorize preventing sectorizes of providing secondary transmissions of primary tradecade transmitters, the system shall not include sub-scribers and amount collected from subscriber receiving secondary transmissions made by satellite cartiers to satellite denoise receiving secondary transmissions made by satellite cartiers to satellite denoise receiving secondary transmissions made by satellite cartiers to satellite cartier(s) below. Image: Secondary transmissions of gross receipts for secondary transmissions made by satellite cartiers to satellite cartier(s) below. Image: Secondary transmissions of gross receipts for secondary transmissions made by satellite cartiers to satellite cartier(s) below. Image: Secondary transmissions of gross receipts for secondary transmissions made by satellite cartiers to satellite cartier(s) below. Image: Secondary transmissions of gross receipts for secondary transmissions for a explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Interest Assessment Inter	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The statilite frome Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the pager SA12 form. P During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite cartier to satellite cartier(s) below: S Imme Maring Address Maring Address None Maring Address Maring Address Line 1 Enter the amount of late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Imme Line 2 Multiply line 1 by the interest rate* and enter the sum here	UEL COMMUNICATIONS LLC	010962
Nume Name Maing Address Maing Address INTEREST ASSESSMENT Nume to complete this worksheet for those royally 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment x	 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
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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	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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