This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
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
STATEME	INT OF ACCOUNT	FOR COPYRIC	email to	
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ms (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab o	of this workbook.	2/28/2023	ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
		_		
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022	Barcode Data Filing Period (optional	- see instructions)	
Accounting	2022			
Period				
	Instructions:			
В	Give the full legal name of the owner of subsidiary, not that of the parent corpor		ary of another corporation, give the full corpora	te title of the
Owner	List any other name or names under whi	ch the owner conducts the business of the	e cable system.	
	If there were different owners during the	e accounting period, only the owner on the	e last day of the accounting period should subm	it a single
	-	ment covering the entire accounting period		-
	Check here if this is the system's first fili	ng. If not, enter the system's ID number as	ssigned by the Licensing Division.	037128
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	3027 S SE LOOP 323 (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.

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.

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

ANSON, TX

(City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

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

С

System

1

2

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	037128
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will	munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discrete
Area	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Served	city.	
	CITY OR TOWN	STATE
First Community	ANSON JONES COUNTY (PORTION)	TX TX
	JONES COUNT (FOR HON)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	ES							
E	In General: The information in s	pace E should	cover al	I categories of s	secondary							
<u> </u>	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Secondary Transmission	last day of the accounting period	, ,	,		,		iose existii	ng on the				
Service: Sub-							e system,	broken				
scribers and	down by categories of secondary	<b>Number of Subscribers:</b> 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 nu							charged				
	separately for the particular serve Rate: Give the standard rate c							a and the				
	unit in which it is generally billed.	-	-	•			-					
	category, but do not include disc	· ·	,		,							
	Block 1: In the left-hand block	•		0		•						
	systems most commonly provide that applies to your system. Note											
	categories, that person or entity			-		-						
	subscriber who pays extra for ca				••		•					
	first set" and would be counted o											
	Block 2: If your cable system I											
	printed in block 1 (for example, ti with the number of subscribers a											
	sufficient.		- nym-ne	and block. A two	- or three	-word descriptio						
	BLC	DCK 1					BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT			
	Residential:						-					
	Service to first set		85	50.00								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		6	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES								
F	In General: Space F calls for rat											
•	not covered in space E, that is, the service for a single fee. There are											
Services	furnished at cost or (2) services			0	•		0()					
Other Than	amount of the charge and the un		usually b	oilled. If any rate	es are cha	arged on a varia	ble per-pro	ogram basis,				
Secondary	enter only the letters "PP" in the			avetare for and	h af tha a	nnliachle com <i>i</i> le	a listed					
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
Nates	Block 2: List any services that your cable system turnished 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.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			tion: Non-resid	dential							
	• Pay cable	17.00		el, hotel								
	Pay cable—add'l channel      Fina masteration	19.00		nmercial								
	Fire protection		-	cable								
	•Burglar protection		-	cable-add'l cha	annel							
	Installation: Residential	00.00		protection								
	First set	99.00		glar protection								
	Additional set(s)     EM radio (if separate rate)	25.00		ervices:		40.00						
	FM radio (if separate rate)			connect		40.00						
	• Converter			connect let relocation		25.00						
			• UII†	IN THIOCATION		25.00						
				/e to new addre	~~	99.00						

-	2022/2			FORM SA1-2E. PAG						
ime	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM 037						
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable syste FCC rules and regulations	<b>neral:</b> In space G, identify every television station (including translator stations and low power television stations) d by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under ules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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								
mary mitters: vision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations:								
	• Do <i>not</i> list the station her station was carried <i>only</i> or	e in space G—but do list it in space I (th								
	basis. For further information <b>Column 1:</b> List each station	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 <b>Column 2:</b> Give the chann	el number the FCC assigned to the telev								
		RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station, or	a noncommercial						
	educational station, by enter	ering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for indep	endent), "I-M"						
	· · · · · · · · · · · · · · · · · · ·	, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		ional multicast).						
		on of each station. For U.S. stations, list		n is licensed by the						
		dian stations, if any, give the name of th								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KERA-1	13	E	DALLAS, TX						
	KIDZ-1	42	I	ABILENE, TX						
	KPCB-1		1							
Necessary	NFUD-I	17		SNYDER, TX						
lecessary	KRBC-1	9	N	ABILENE, TX						
ecessary			N N							
ecessary	KRBC-1	9		ABILENE, TX						
ecessary	KRBC-1 KTAB-1	9 32	N	ABILENE, TX ABILENE, TX						
Necessary	KRBC-1 KTAB-1 KTXS-1	9 32 12	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX						
is Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KRBC-1 KTAB-1 KTXS-1 KTXS-2	9 32 12 12.2	N N	ABILENE, TX ABILENE, TX SWEETWATER, TX SWEETWATER, TX						

EGAL NAME OF									SYSTEM I 0371
	every radio s	station ca	arried on a separate and discre						н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate t <b>Column 4:</b> 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 byright Office regulations on th each station carried. on is AM or FM. nal 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 se ed by the FCC	) it can b rtain sta neral ins parate a	e expected, ited intervals. structions 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	
		5,0		1	ON LE OION	7 01 1 101	5,0		
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Accounting Perio	d: 2022/2						FORM	VI SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					037128
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	<i>distant</i> statio	on, that your cab	le system	carried on a
Substitute	ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	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
i rogram zog	Neter If your enours is "No.	" loovo tha	reat of this new	a blank. If your anawar is "	·V			
	<b>Note:</b> If your answer is "No,	leave the	rest of this pag	e blarik. Il your allswel is	res, you m	ust complete th	e progran	11
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their m	eaning is	
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, reg							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				1 2	,	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		unsed by the EC	°C or in	
	the case of Mexican or Can						0001, 111	
	Column 5: Give the mon	th and day		em carried the substitute p			n the mon	th
	first. Example: for May 7 giv					1		
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		program carrie		10 p.m. to 0.2			
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming mar y	our system was	s permitted to delete unde	r FCC rules a	and regulations	In	
						EN SUBSTITU		
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCUR 6. TIME		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						-		
					I L	_		

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 037128
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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service Imount, see	5,540.65 sss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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	<b>\$</b>	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filler Fr			
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		

Namo	Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Money       Instructions: You must give (1) the number of channels on which the cable system canned takinysine boacdast stations:         Sharnership       Instructions: You must give (1) the number of channels on which the cable system cannels takinysine boacdast stations:       8         2: Differ the chain number of channels on which the cable system cannels takinysine accounting particle.       57         Money       Control the cable system cannel devices the boacdast stations:       57         Money       Money Control the cable system cannel devices the board taking the second taking the seco	Name					SYSTEM ID# 037128
Individual to Be Contacted finformation       we can contact about this statement of account.)         Name       RODNEY HASKINS       Telephone (903) 579-3152         Address       3027 S SE LOOP 323         Monter, store (unicos, spatimit, or sub-spatimit, or sub-spa		Instructions: to its subscrib 1. Enter the to system car 2. Enter the to on which th	bers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan he cable system carried televi	's total number of activated channels du hich the cable ons	uring the accounting period.	
Information Address 3027 S SE LOOP 323 Underst, steed, ruse route, apartment, or suble number) TYLER, TX 75701 (City, town, steed, ruse route, apartment, or suble number) TYLER, TX 75701 (City, town, steed, ruse route, apartment, or suble number) TYLER, TX 75701 (City, town, steed, ruse route, apartment, or suble number) TYLER, TX 75701 (City, town, steed, ruse route, apartment, or suble number) TYLER, TX 75701 (City, town, steed, ruse route, apartment, or suble number) TYLER, TX 75701 (City, town, steed, ruse route, apartment, or suble number) Certification CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • 1, the undersigned, hereby certify that (Check one, but only one, of the bases.)  • 0 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Gener of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or (Gener or partners) in an onfore (if a corporation) or a partnership) or a partnership) or a partner (if a partnership) or a more for the cable system as identified in line 1 of space B; or (Gener or partners) in an onfore (if a corporation) or a partnership) or the legal entity identified as owner of the cable system in line 1 of space B.  • 1 have examined the statement of account and hereby declare under panalty of law that all statements of fact cortained herein as true, complex, and correct to the based of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1986))  Typed or printed name: ALAN DANNENBAUM Trie: SVP, PROCRAMMING Trie: SVP, PROCRAMMING The of disal partner herein (and partnership).	Individual to				entify an individual	
[Number: terret. trait rose, spathweet, or suite number]         ICR:, terret. trait rose, spathweet, or suite number]         [CR:, terret. statistic app)         Email       RODNEY.HASKINS@ALTICEUSA.COM       Fax (optional         O         O         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or         (Inter of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or         (Inter of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; <th></th> <td>Name</td> <td>RODNEY HASKINS</td> <td></td> <td>Telephone (90)</td> <td>3) 579-3152</td>		Name	RODNEY HASKINS		Telephone (90)	3) 579-3152
(City, town, state, zp)         Email       RODNEY HASKINS@ALTICEUSA.COM       Fax (optional         O       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         Image: Comparison of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Comparison of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Comparison of owner other than corporation or partnership) I am the outy authorized agent of the owner of the cable system as identified in line 1 of space B; or         Image: Comparison of owner other than corporation or partnership) I am the outy authorized agent of the owner of the cable system as identified in line 1 of space B;         Image: Comparison of partnership) I am the outy authorized agent of the owner of the cable system in line 1 of space B;         Image: Comparison of partnership) I am the outy authorized agent of the owner of the cable system in line 1 of space B;         Image: Comparison of partnership) I am the outy authorized agent of the cable system as identified in line 1 of space B;         Image: Comparison of partnership) I am the outy authorized agent of the cable system as identified in line 1 of space B;         Image: Comparison of partnership) I am the outy authorized agent of the cable system as identified in line 1 of space B;         Image: Comparison of my knowled		Address				
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Certification       Certification         Certification       • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         (Owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or         (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or         X       (Offerer or partner) 1 am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B.         • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B.         • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B.         • 1 baye examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B.         • 1 baye examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B.         • 1 baye examined the statement account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B.         • 1 baye examined the statement of account and hereby declare under p						
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In line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)		(Owi	ner other than corporation or	<b>partnership)</b> I am the owner of the cable	e system as identified in line 1 of space B; or	
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Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)				citter signature using an "/s/ signature"	(e.g., /s/ joint smith)	
(Title of official position held in corporation or partnership)			Typed or print		JM	
Date: 2/28/2023					rtnership)	
			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	037128
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	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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	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	_
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	

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