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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20222 Barcode Data Filing Period (optional - see instructions)
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single
		statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		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: HUNTINGDON STATE CORRECTIONAL INSTITUTION
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	061544
D Area Served	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 community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mol city.	communities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
		STATE
First	CITY OR TOWN HUNTINGDON	PA
Community	(HUNTINGDON SCI)	
Add Rows as Necessary		
Add Rows as necessary		

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:																
Name	CEQUEL COMMUNICATIONS LLC																
Е	SECONDARY TRANSMISSION In General: The information in s					r transmission se	ervice of th	ie cable									
	system, that is, the retransmission	on of television a	and radio	broadcasts b	y your sys	stem to subscrib	ers. Give i	nformation									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the																
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be).																
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	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 serv																
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•			-										
	category, but do not include disc	· ·	,		y stanuaro		within a pa										
	Block 1: In the left-hand block				es of seco	ondary transmiss	sion servic	e 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																
	Block 2: If your cable system					service that are	different fr	om those									
	printed in block 1 (for example, t																
	with the number of subscribers a sufficient.	and rates, in the	right-ha	nd block. A tw	o- or three	-word description	n of the se	ervice is									
		OCK 1					BLOC	< 2									
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	PS	RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE								
	Residential:	CODSCIUDE			UA1		(VIOL	GOBOORIBEIK									
	Service to first set		0	_													
	Service to additional set(s)																
	• FM radio (if separate rate)																
	Motel, hotel																
	Commercial		437	42.41													
	Converter																
	Residential																
	Non-residential																
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI					•									
F	In General: Space F calls for rat	· · · · · ·			pect to all	your cable syst	em's servi	ces that were									
F	not covered in space E, that is, t																
	service for a single fee. There are	•			-		0 ()										
Sorvicoe	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the																
Services Other Than	amount of the charge and the ur	nit in which it is u	sually b				ble per-pro	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.									
Services Other Than Secondary	enter only the letters "PP" in the	rate column.	-	illed. If any rat	es are cha	arged on a varia		gram basis,									
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat	rate column. e charged by the	e cable	illed. If any rat	es are cha h of the a	arged on a varia pplicable servic	es listed.	-									
Other Than Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. e charged by the your cable syst	e cable em furni	illed. If any rat system for eac shed or offere	es are cha h of the a d during tl	arged on a varia pplicable servic he accounting p	es listed. eriod that v	were not									
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by the t your cable syst separate charge	e cable em furni was ma	illed. If any rat system for eac shed or offere ide or establis	es are cha h of the a d during tl	arged on a varia pplicable servic he accounting p	es listed. eriod that v	were not									
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by the syour cable syst separate charge tion and include	e cable em furn was ma the rate	illed. If any rat system for eac shed or offere ide or establis	es are cha h of the a d during tl	arged on a varia pplicable servic he accounting p	es listed. eriod that v	were not form of a									
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by the t your cable syst separate charge tion and include BLOC	e cable em furn was ma the rate	illed. If any rat system for eac shed or offere de or establis for each.	es are cha ch of the a d during tl hed. List t	arged on a varia pplicable servic he accounting p	es listed. eriod that v ces in the	were not	E RATE								
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by the t your cable syst separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGO	illed. If any rat system for eac shed or offere ide or establis	es are cha ch of the a d during th hed. List t	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	E RATE								
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by the t your cable syst separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGO	illed. If any rat system for each shed or offere de or establis for each.	es are cha ch of the a d during th hed. List t	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	E RATE								
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by the t your cable syst separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGO nstallat	illed. If any rates system for each shed or offere de or establis for each. DRY OF SERV ion: Non-resi	es are cha ch of the a d during th hed. List t	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	E RATE								
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by the t your cable syst separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGO nstallat	illed. If any rat system for each shed or offere de or establis for each. DRY OF SERV ion: Non-resi I, hotel mercial	es are cha ch of the a d during th hed. List t	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	ERATE								
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	rate column. te charged by the t your cable syst separate charge tion and include BLOC RATE	e cable em furni was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay	illed. If any rat system for each shed or offere de or establis for each. DRY OF SERV ion: Non-resi I, hotel mercial	es are cha ch of the a d during tl hed. List t /ICE dential	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	E RATE								
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by the t your cable syst separate charge tion and include BLOC RATE	e cable em furni was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay • Pay	illed. If any rat system for each shed or offere de or establis for each. DRY OF SERV ion: Non-resi I, hotel mercial cable	es are cha ch of the a d during tl hed. List t /ICE dential	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	ERATE								
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Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by the tyour cable syst separate charge tion and include BLOC RATE (e cable em furni was ma the rate <u>CATEGO</u> nstallat • Mote • Com • Pay • Pay • Fire • Burg Other s	illed. If any rat system for each shed or offere ide or establis for each. DRY OF SERV ion: Non-resi id, hotel mercial cable cable-add'l ch protection lar protection	es are cha ch of the a d during tl hed. List t /ICE dential	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	ERATE								
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by the tyour cable syst separate charge tion and include BLOC RATE (e cable em furni was ma the rate <u>K 1</u> <u>CATEGO</u> nstallat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	illed. If any rates system for each shed or offered de or establis for each. DRY OF SERV ion: Non-resi in, hotel mercial cable cable-add'I ch protection lar protection ervices:	es are cha ch of the a d during tl hed. List t /ICE dential	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	ERATE								
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by the tyour cable syst separate charge tion and include BLOC RATE (e cable em furni was ma the rate K 1 CATEGO Note • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	illed. If any rates system for each shed or offerende or establist for each. DRY OF SERV ion: Non-resi I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	es are cha ch of the a d during tl hed. List t /ICE dential	arged on a varia pplicable servic he accounting p hese other serv	es listed. eriod that v ces in the	were not form of a BLOCK 2	ERATE								

ng Period: 2	2022/2			FORM SA1-2E. PAC					
ame	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
	CEQUEL COMMUNIC	CATIONS LLC		0615					
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable syste FCC rules and regulations	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part- e carriage of certain network prog	time basis under rams [sections					
imary mitters: evision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 as 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 Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each					
	of license. For example, W	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	0	,					
	educational station, by enter	n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o	or network multicast), "I" (for indep	endent), "I-M"					
	For the meaning of these to	erms, see page (iv) of the general instruction of each station. For U.S. stations, list	ctions in the paper SA1-2 form.	,					
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the statio	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WATM-1	23	Ν	ALTOONA, PA					
	WJAC-1	6	N	JOHNSTOWN, PA					
s Necessary	WPCW-1	19	I	PITTSBURGH, PA					
	WPSU-1	3	Е	CLEARFIELD, PA					
	WTAJ-1	10	N	ALTOONA, PA					
	WWCP-1	8	I	JOHNSTOWN, PA					

	MMUNICA	TIONS	LLC						061
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, 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	dend, and (2) nna, during ce e (v) of the gen estem 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	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				$\left \right $					
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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					061544	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC	C rules, regula	itions, or authoriza	ations. Fo	or a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE 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		,		, ,			X NO	
Program Log	-								
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	ist complete the p	program		
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	Me						
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their mea	anina is		
	clear. If you need more space				mererer pee		anng io		
	Column 1: Give the title	of every nor	nnetwork televi	sion program ("substitute p					
	period, was broadcast by a								
	under certain FCC rules, reg								
	Do not use general categori "NBA Basketball: 76ers vs.		vies or daske	toall. List specific program	n titles, for exa	ample, TLove LL	icy or		
			lcast live, enter	"Yes." Otherwise enter "N	lo."				
				sting the substitute progra					
				e community to which the			or, in		
	the case of Mexican or Can								
			when your syst	em carried the substitute p	orogram. Use	numerals, with the	he montl	h	
	first. Example: for May 7 giv		substitute prov	gram was carried by your o	cable system	List the times ac	curately	,	
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."								
				was substituted for progra					
	to delete under FCC rules a							m	
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete unde	r FCC rules a	nd regulations in			
	eneci on Ociober 19, 1970.								
					WHE	N SUBSTITUTE	Ξ		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURRI	ED	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	
						_			
						_			
						_			
						_			
						—			

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 061544
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.	ission service mount, see	1,147.78 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for 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	0.00	
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

Accounting Period	: 2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	:		SYSTEM ID# 061544
M Channels	to its subscrit 1. Enter the t system car 2. Enter the t	oers, and (2) the cable system	ions	g the accounting period.	6
		•			50
N Individual to Be Contacted		TO BE CONTACTED IF FUR	RTHER INFORMATION IS NEEDED (Identif	y an individual	
for Further Information	Name	RODNEY HASKINS	3	Telephone (903)	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701			
	Email	(City, town, state, zip)	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accordance	with Copyright Office regulations)	
O Certification			k one, <i>but only one</i> , of the boxes.) r partnership) I am the owner of the cable sys	stem as identified in line 1 of space B [,] or	
		ent of owner other than corpo	oration or partnership) I am the duly authoriz t the owner is not a corporation or partnership;	zed agent of the owner of the cable system as	sidentified
	X (Off		er (if a corporation) or a partner (if a partnershi		cable system
	are true, com		nd hereby declare under penalty of law that all f my knowledge, information, and belief, and a		
	1		X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line abc Enter signature using an "/s/ signature" (e.g		
		Typed or print	ted name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partners	ship)	
		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.

counting Period: 2022/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06154
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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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