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

STATEMENT OF ACCOUNT		FOR COPYRI	Return completed workbook by email to	
for Seconda	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.		2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		20222 Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
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.	062592						
		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 sulte 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 unles s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		SOUTH WOODS PRISON							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							
		ונטוגי, נשחו, סומופ, בוף נטעפן							

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	062592						
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.							
	CITY OR TOWN	STATE						
First	BRIDGETON	NJ						
Community	(SOUTH WOODS PRISON)							
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIE	ERS AND RA	TES							
E	In General: The information in s	pace E should o	cover al	l categories of	secondary							
- ·	system, that is, the retransmission											
Secondary	about other services (including p						nose existir	ng on the				
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le svstem.	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 charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20(mth") Summarize any standard rate variations within a particular rate											
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.											
	Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable											
	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 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	ind rates, in the	right-ha	and block. A tw	o- or three	e-word description	on of the se	ervice is				
	sufficient.	OCK 1					BLOCK	(2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI			
	Residential:		•									
	Service to first set		0	-								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		89	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES								
F	In General: Space F calls for rat											
•	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services		,		0		0()					
Other Than	amount of the charge and the un											
Secondary	enter only the letters "PP" in the							-				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) descrip											
		CK 1			BLOCK 2							
		BLOC										
	CATEGORY OF SERVICE	r	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATE			
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEG		E RATE			
		RATE	Installa			RATE	CATEG		E RATE			
	Continuing Services:	RATE	Installa • Mot	tion: Non-res		RATE	CATEG		E RATE			
	Continuing Services: • Pay cable	RATE	Installa • Mot • Cor	ition: Non-res el, hotel		RATE	CATEG		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa ● Mot ● Con ● Pay	t ion: Non-res el, hotel nmercial	idential	RATE	CATEG		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE	CATEG		E RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial r cable r cable-add'l ch	idential nannel	RATE	CATEG		E RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE -	Installa • Mot • Con • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential nannel	RATE	CATEG		E RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE -	Installa • Mot • Con • Pay • Pay • Fire • Bure	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential nannel	RATE	CATEG		E RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE -	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential nannel	RATE	CATEG		E RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE -	Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Cher s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential nannel	RATE	CATEG		E RATI			

carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station herr station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast),	ATIONS LLC TELEVISION entify every television station (including f in during the accounting period, except in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 is explained in the next paragraph. With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried 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 the form. el number the FCC assigned to the televent RC is channel 4 in Washington, D.C. to case whether the station is a network serving the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o	(1) stations carried only on a part- le carriage of certain network progra (e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES i-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep	time basis under rams [sections ations carried on a abstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial rendent), "I-M"				
PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here station as carried <i>only</i> on • List the station here station was carried <i>only</i> on • List the station here station here station was carried <i>only</i> on • List the station here station was carried <i>only</i> on • List the station here station here station here station here station here station here station here station here station here stat	TELEVISION entify every television station (including in m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.67 is explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried 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 the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. in case whether the station is a network s wring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o	(1) stations carried only on a part- le carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES i-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat	elevision stations) time basis under rams [sections titions carried on a lbstitute program Log)—if the so on some other tions. PN, etc. Identify each fort multistream r the air in its community a noncommercial pendent), "I-M"				
In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rt • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast),	entify every television station (including in m during the accounting period, except in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.67) s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried 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 the form. el number the FCC assigned to the televen RC is channel 4 in Washington, D.C. case whether the station is a network s ering the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o	(1) stations carried only on a part- le carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES i-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat	time basis under rams [sections ations carried on a abstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial rendent), "I-M"				
carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station herr station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast),	m during the accounting period, except in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 s explained in the next paragraph. : With respect to any distant stations ca- illes, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried 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 the form. el number the FCC assigned to the teler RC is channel 4 in Washington, D.C. case whether the station is a network s ering the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o	(1) stations carried only on a part- le carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES i-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat	time basis under rams [sections ations carried on a abstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial rendent), "I-M"				
Column 4: Give the locatio		• •	n is licensed by the				
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
			4. LOCATION OF STATION				
			PHILADELPHIA, PA				
			PHILADELPHIA, PA				
		I	ALLENTOWN, PA				
		<u> </u>	PHILADELPHIA, PA				
WNJS-1	23	E	CAMDEN, NJ				
WPHL-1	17	I	PHILADELPHIA, PA				
WPSG-1	57	<u> </u>	PHILADELPHIA, PA				
WPVI-1	6	N	PHILADELPHIA, PA				
WTXF-1	29	I	PHILADELPHIA, PA				
WUVP-1	65	Ι	VINELAND, NJ				
	Column 4: Give the locatio FCC. For Mexican or Canae 1. CALL SIGN KYW-1 WCAU-1 WFMZ-1 WFPA-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	Column 4: Give the location of each station. For U.S. stations, listFCC. For Mexican or Canadian stations, if any, give the name of the1. CALL SIGN2. B'CAST CHANNEL NUMBERKYW-13WCAU-110WFMZ-169WFPA-128WNJS-123WPHL-117WPSG-157WPVI-16WTXF-129	Column 4: Give the location of each station. For U.S. stations, list the community to which the station FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station1. CALL SIGN2. B'CAST CHANNEL NUMBER3. TYPE OF STATIONKYW-13NWCAU-110NWFMZ-169IWFPA-128IWNJS-123EWPHL-117IWPSG-157IWPVI-16NWTXF-129I				

	MMUNICA	TIONS	LLC						062
	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 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 about rm. dentify the call tate whether 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 locatio	I-Band FM Carriage: Under 0 tem whenever it is received at wed at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically process s mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	ne system's hea stem's FM anter point, see page 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	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,5			S. LE CION		5,0		
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				-					
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Accounting Perio	d: 2022/2						FOR	VI SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					062592
	SUBSTITUTE CARRIAGE	: SPECIA		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	ations, or auth	norizations. F	For a further
Carriage:		-			5		1 1	
Special	ecial • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and	broadcast by a distant stat			,,,	-, ,			× NO
Program Log	5						YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice abbroviations y	whorever per	ciblo if thoir	mooning is	
	clear. If you need more space Column 1: Give the title	ce, please a of every nor	add additional r nnetwork televi	ows to the tables. sion program ("substitute p	orogram") tha	it, during the	accounting	
	period, was broadcast by a under certain FCC rules, reg							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." 1 was broac	lcast live, enter	"Yes." Otherwise enter "N	lo."	• •	,	
		•		sting the substitute progra e community to which the		nsed by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		em carried the substitute p			vith the mon	ith
	first. Example: for May 7 giv		substituto prov	gram was carried by your o	able system	List the time		
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.	0 ,				0		
						EN SUBSTIT		
	s	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED			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. TI FROM –	MES - 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	STEM ID# 062592
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	2,551.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	Multiply line 5 by .01 S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1 319 00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	FILING FEE AND TOTAL REMITTANCE DUE		
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:				SYSTEM ID# 062592
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number ers, and (2) the cable system otal number of channels on whe ried television broadcast station otal number of activated channel the cable system carried televis obadcast services	s total number of nich the cable ons	activated channels during the		10 38
N Individual to Be Contacted		TO BE CONTACTED IF FUR		FION IS NEEDED (Identify ar	n individual	
for Further Information	Name	RODNEY HASKINS			Telephone (903	3) 579-3152
	Address 	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)		er)		
	Email	RODNEY.HAS	KINS@ALTICE	USA.COM	Fax (optional	
0	CERTIFICATIO	N (This statement of account r	nust be certified a	nd signed in accordance with	n Copyright Office regulations)	
Certification		ned, hereby certify that (Check ner other than corporation or			n as identified in line 1 of space B; or	
		in line 1 of space B and that	the owner is not a d	corporation or partnership; or	agent of the owner of the cable system	
	 I have examin are true, comp 	in line 1 of space B.	d hereby declare u	nder penalty of law that all stat	ements of fact contained herein	
	1		X /s/ A	lan Dannenbaum		
				nic signature on the line above t using an "/s/ signature" (e.g., /s	•	
		Typed or printe	d name: ALA	N DANNENBAUM		
		Title:	SVP, PROG	RAMMING		
		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	062592
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Owner	
Owner Address	
Owner Address ID number	

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