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
STATEM	IENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	email to
	lary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
·	tems (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at
-	b 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	
	202	22 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period		_		
В	Instructions: Give the full legal name of the owner of subsidiary, not that of the parent corpor		ary of another corporation, give the full corpora	ite title of the
Owner	List any other name or names under wh	ich the owner conducts the business of the	e cable system.	
	- -	e accounting period, only the owner on the yment covering the entire accounting peri-	e last day of the accounting period should subm od.	it a single
	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.	062900
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		

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.

3027 S SE LOOP 323

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

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

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

(City, town, state, zip code)

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

VIENNA CORRECTIONAL FACILITY CENTER

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	062900						
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	VIENNA	IL						
Community	(VIENNA CORR CENTER)							
Add Rows as Necessary								

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:																
Name	CEQUEL COMMUNICAT	IONS LLC							0629								
					TEO												
E	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 radi	o broadcasts l	by your sys	stem to subscrib	ers. Give i	nformation									
Secondary	about other services (including p						iose existi	ng on the									
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						o ovotom	brokon									
scribers and	down by categories of secondary	•															
Rates	each category by counting the n																
	separately for the particular serv							-									
	Rate: Give the standard rate c	-	-	•			-										
	unit in which it is generally billed category, but do not include disc	· ·	,		ny standar	d rate variations	within a pa	articular rate									
	Block 1: In the left-hand block				ies of seco	ondarv transmiss	ion servic	e that cable									
	systems most commonly provide	•		•		•											
	that applies to your system. Note	e: Where an ind	ividual c	or organization	is receivir	ng service that fa	alls under	different									
	categories, that person or entity						•										
	subscriber who pays extra for ca first set" and would be counted of					in the count und	er "Servic	e to the									
	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	and rates, in the	right-ha	nd block. A tw	/o- or three	e-word description	n of the se	ervice is									
	sufficient.				1		DI OOI	<u> </u>									
	BL	OCK 1 NO. OF					BLOCK 2 NO. OF										
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBER	S RAT								
	Residential:																
	Service to first set		0	-													
	<ul> <li>Service to additional set(s)</li> </ul>																
	<ul> <li>FM radio (if separate rate)</li> </ul>																
	Motel, hotel																
	Commercial		111	42.41													
	Converter																
	Residential																
	Non-residential																
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSI	ONS: RATES	;												
F	In General: Space F calls for rat	•	,		•												
I	not covered in space E, that is, t service for a single fee. There ar																
Services	furnished at cost or (2) services	•			•		0 ( )										
Other Than																	
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.																
•	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.																
ransmissions:								<b>Block 2:</b> 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									
•	Block 2: List any services that	your cable syst	em furn	ished or offere	ed during t	he accounting p	eriod that										
ransmissions:	Block 2: List any services that	t your cable syst separate charge	em furn was ma	ished or offerended or establis	ed during t	he accounting p	eriod that										
ransmissions:	Block 2: List any services that listed in block 1 and for which as	your cable syst separate charge tion and include	em furn was ma the rate	ished or offerended or establis	ed during t	he accounting p	eriod that	form of a									
ransmissions:	Block 2: List any services that listed in block 1 and for which as	your cable syst separate charge otion and include BLOC	em furn was ma the rate	ished or offerended or establis	ed during t shed. List t	he accounting p	eriod that v ces in the		E RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	t your cable syst separate charge tion and include BLOC RATE	em furn was ma the rate CK 1 CATEGO	ished or offere ade or establis e for each.	ed during t shed. List t VICE	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable syst separate charge tion and include BLOC RATE	e was ma the rate K 1 CATEGO	ished or offere ade or establis e for each. DRY OF SER	ed during t shed. List t VICE	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable syst separate charge tion and include BLOC RATE	em furn was ma the rate CK 1 CATEGO Installat • Mote	ished or offere ade or establis e for each. DRY OF SER' <b>:ion: Non-res</b>	ed during t shed. List t VICE	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable syst separate charge tion and include BLOC RATE	em furn was ma the rate CK 1 CATEGO Installat • Mote	ished or offere ade or establis e for each. DRY OF SER' tion: Non-res el, hotel imercial	ed during t shed. List t VICE	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	t your cable syst separate charge tion and include BLOC RATE	em furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay	ished or offere ade or establis e for each. DRY OF SER' tion: Non-res el, hotel imercial	ed during t shed. List t VICE idential	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable syst separate charge tion and include BLOC RATE	em furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay	ished or offere ade or establis of for each.	ed during t shed. List t VICE idential	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	t your cable syst separate charge tion and include BLOC RATE	em furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	ished or offere ade or establis of for each. DRY OF SER' cion: Non-res el, hotel imercial cable cable-add'l ch	ed during ti shed. List t VICE idential	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	separate charge separate charge tion and include BLOC RATE	em furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg	ished or offere ade or establis of for each. DRY OF SER' cion: Non-res el, hotel imercial cable cable-add'l ch protection	ed during ti shed. List t VICE idential	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s 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	separate charge separate charge tion and include BLOC RATE	em furn e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s	ished or offere ade or establis e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	ed during ti shed. List t VICE idential	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s 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 • Additional set(s)	separate charge separate charge tion and include BLOC RATE	em furn e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Fire • Burg Other se • Reco	ished or offere ade or establis e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'I ch protection ilar protection ervices:	ed during ti shed. List t VICE idential	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								
ransmissions:	Block 2: List any services that listed in block 1 and for which a s 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) • FM radio (if separate rate)	separate charge separate charge tion and include BLOC RATE	em furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	ished or offere ade or establis e for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection lar protection ervices: ponnect	ed during ti shed. List t VICE idential	he accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	CE RAT								

-				SYSTEM ID
Name				06290
				00230
G rimary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, WC <b>Column 3:</b> Indicate in each (for independent multicast) For the meaning of these to	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 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	(1) stations carried only on a part-ti the carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF in designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for independent r "E-M" (for noncommercial educatio ctions in the paper SA1-2 form.	me basis under ams [sections ions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	KBSI-1	23		CAPE GIRARDEAU, MO
	KFVS-1	12	N	CAPE GIRARDEAU, MO
ecessary	WDKA-1	49	1	PADUCAH, KY
cessary	WPSD-1	6	N	PADUCAH, KY
	WSIL-1	3	N	HARRISBURG, IL

EGAL NAME OF								SYSTEM I 0629
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	the sys be recein the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		

Accounting Perio	d: 2022/2						FORM	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					062900
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	distant statio	on, that your cable	e system	carried on a
Substitute	substitute basis during the ac explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special	<ul> <li>During the accounting peri</li> </ul>	od, did youi	r cable system	carry, on a substitute basis	s, any nonne	twork television	program	1
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No.	" loovo tho	rost of this pag	o blank. If your answer is "				
	<b>Note:</b> If your answer is "No,	leave the	rest of this pag	e blank. Il your answer is	res, you mu	ust complete the	program	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 me	aning 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							
	"NBA Basketball: 76ers vs.			·····				
				"Yes." Otherwise enter "N sting the substitute program				
				e community to which the		ensed by the FC	C or, in	
	the case of Mexican or Can	adian statio	ns, if any, the c	community with which the s	station is ider	ntified).		
			when your syst	em carried the substitute p	orogram. Use	e numerals, with	the mon	th
	first. Example: for May 7 giv Column 6: State the time		substitute prod	gram was carried by your c	able system	List the times a	ocuratel	v
	to the nearest five minutes.							5
	stated as "6:00–6:30 p.m."	"D" : ( ()						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
					\//НЕ	EN SUBSTITUT	Ē	
	s	UBSTITUT	E PROGRAM			IAGE OCCURF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	S TO	DELETION
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
1		L						

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 062900
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	3,213.02 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)	<u> </u>	
	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		
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. PAG
Name		OWNER OF CABLE SYSTEM:				SYSTEM 062
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	ers, and (2) the cable system otal number of channels on wh ried television broadcast station otal number of activated channel are cable system carried televis	nels	els during the a	ccounting period.	5 83
N Individual to Be Contacted		TO BE CONTACTED IF FUR	THER INFORMATION IS NEEDE	<b>D</b> (Identify an ir	dividual	
for Further Information	Name	RODNEY HASKINS			Telephone	903) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-			
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM		Fax (optional	
O Certification	I, the undersign     (Owr     (Agen     X     (Offi     I have examine     are true, comp	ned, hereby certify that (Check ner other than corporation or in tof owner other than corpo in line 1 of space B and that icer or partner) I am an officer in line 1 of space B. ed the statement of account an lete, and correct to the best of ction 1001(1986)]	must be certified and signed in acc one, <i>but only one</i> , of the boxes.) <b>partnership)</b> I am the owner of the <b>ration or partnership)</b> I am the duit the owner is not a corporation or pa r (if a corporation) or a partner (if a p d hereby declare under penalty of la my knowledge, information, and bel M /s/ Alan Dannent	e cable system a ly authorized age rtnership; or partnership) of th w that all statem ief, and are mad	s identified in line 1 of space B; ent of the owner of the cable sy le legal entity identified as owner lents of fact contained herein	stem as identified
		Typed or printe Title:	Enter an electronic signature on th Enter signature using an "/s/ signa	ne line above to c ature" (e.g., /s/ Ji BAUM	ohn Smith)	
		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	062900
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>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?</li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	<b>Q</b> Interest Assessment
Line Q. Multipluling 4 but the interpret rate and enter the sum have	
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	
(interest charge) * 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.	
The is the desinial equivalence in 1999, which is the interest descention. It follo day late.	
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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.	
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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.