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 COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Systems (Short Form)		\$	For additional information, contact the U.S. Copyright
General instructions are located			Office Licensing Division at (202) 707-8150.
in the first tab of this workbook.	2/28/2023	ALLOCATION NUMBER	(202) 707-0130.
A ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YY/(Period))	
	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
2022/2			
2	0222 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period			

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	20222 Barcode Data Filing Period (optional - see instructions)	
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.	
	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 suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
System	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.	
System	1 AURORA II CORRECTIONAL FACILITY	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

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							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	063233						
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	AURORA	CO						
Community	(AURORA II CORR)							
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							A1-2E. PAGI			
Name	CEQUEL COMMUNICAT	TIONS LLC							06323			
	SECONDARY TRANSMISSION		SCDIB		TES							
E	In General: The information in s					/ transmission se	ervice of th	e cable				
	system, that is, the retransmission											
Secondary	about other services (including p						iose existi	ng on the				
Transmission Service: Sub-	last day of the accounting period						e svetem	broken				
scribers and	<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 n	,		0 / 1								
	separately for the particular serv											
	Rate: Give the standard rate c	-	-	•			-					
	unit in which it is generally billed category, but do not include disc	· ·	,		iy standar	d rate variations	within a pa	articular rate				
	Block 1: In the left-hand block				ies of seco	ondary transmiss	ion servic	e that cable				
	systems most commonly provide	•		Ũ		•						
	that applies to your system. Note			-		-						
	categories, that person or entity				• •		•					
	subscriber who pays extra for ca					in the count und	er "Servic	e to the				
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
	<b>BIOCK 2:</b> 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	and rates, in the	right-ha	nd block. A tw	o- or three	e-word descriptio	n of the se	ervice is				
	sufficient.	0.014.4			1		DI OOI	<u> </u>				
	BL	OCK 1 NO. OF					BLOC	NO. OF	1			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	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		29	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	ONS: RATES								
F	In General: Space F calls for rat	•	'		•							
I	not covered in space E, that is, those services that are not offered in combination with any secondary transmission											
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the											
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.											
	<b>Block 1:</b> 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										
ransmissions: Rates	Block 2: List any services that			ished or offere	-			form of a				
	Block 2: List any services that	separate charge	was m	ished or offere ade or establis	-			form of a				
	Block 2: List any services that listed in block 1 and for which a statement of the service of th	separate charge otion and include	was mathe rate	ished or offere ade or establis	-							
	Block 2: List any services that listed in block 1 and for which a statement of the service of th	separate charge otion and include BLOC	was ma the rat	ished or offere ade or establis	shed. List t		ces in the	form of a BLOCK 2 ORY OF SERVIC	E RATE			
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	separate charge otion and include BLOC RATE	was ma the rate K 1 CATEG	ished or offere ade or establis e for each.	whed. List t	hese other servi	ces in the	BLOCK 2	E RATI			
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge otion and include BLOC RATE	was ma the rat K 1 CATEG	ished or offere ade or establis e for each. ORY OF SER	whed. List t	hese other servi	ces in the	BLOCK 2	E RATI			
	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:	separate charge otion and include BLOC RATE	was ma the rate K 1 CATEG nstalla • Mote	ished or offere ade or establis e for each. ORY OF SER' tion: Non-res	whed. List t	hese other servi	ces in the	BLOCK 2	E RATI			
	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	separate charge otion and include BLOC RATE	was ma the rate K 1 CATEG nstalla • Mote • Con	ished or offere ade or establis e for each. ORY OF SER tion: Non-res el, hotel	whed. List t	hese other servi	ces in the	BLOCK 2	E RATE			
	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	separate charge otion and include BLOC RATE	was mi the rational K 1 CATEG nstalla • Mote • Con • Pay	ished or offere ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial	vice	hese other servi	ces in the	BLOCK 2	E RATE			
	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	separate charge otion and include BLOC RATE	was mi the rat K 1 CATEG nstalla • Mote • Con • Pay • Pay	ished or offere ade or establis e for each. ORY OF SER' tion: Non-res el, hotel imercial cable	vice	hese other servi	ces in the	BLOCK 2	E RATI			
	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	separate charge otion and include BLOC RATE	was mi the rate K 1 CATEG nstalla • Mote • Con • Pay • Pay • Fire	ished or offere ade or establis e for each. DRY OF SER' tion: Non-res el, hotel mercial cable cable	vice	hese other servi	ces in the	BLOCK 2	E RATI			
	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 otion and include BLOC RATE ( - -	was mi the rat K 1 CATEG nstalla • Mote • Con • Pay • Pay • Fire • Burg	ished or offere ade or establis e for each. DRY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection	vice	hese other servi	ces in the	BLOCK 2	E RATE			
	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 otion and include BLOC RATE ( - -	was m the rat K 1 CATEG nstalla • Mote • Con • Pay • Pay • Fire • Burç Other s	ished or offere ade or establis e for each. DRY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	vice	hese other servi	ces in the	BLOCK 2	E RATE			
	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 otion and include BLOC RATE ( - -	was m the rat K 1 CATEG nstalla • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec	ished or offere ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	vice	hese other servi	ces in the	BLOCK 2	E RATI			
	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 otion and include BLOC RATE ( - -	was ma the rate K 1 CATEG nstalla • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ished or offere ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection glar protection ervices: onnect	vice	hese other servi	ces in the	BLOCK 2	E RATI			

counting Period:	2022/2			FORM SA1-2E. PA						
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM						
	CEQUEL COMMUNIC			063						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	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>	entify every television station (including t 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 76.61 as explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:	<ul> <li>(1) stations carried only on a part- e carriage of certain network prog (e)(2) and (4))]; and (2) certain state</li> </ul>	time basis under rams [sections ations carried on a						
	• Do not list the station her station was carried only or	e in space G—but do list it in space I (th								
	basis. For further informati <b>Column 1:</b> List each statio	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	ctions. PN, etc. Identify each						
	"WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W	the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	vision station for broadcasting ove	r the air in its community						
	educational station, by entr (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KBDI-1	12	Е	BROOMFIELD, CO						
	KCEC-1	14	I	DENVER, CO						
dd Rows as Necessary	KCNC-1	4	N	DENVER, CO						
	KDEN-1	25	I	LONGMONT, CO						
	KDVR-1	31	I	DENVER, CO						
	KMGH-1	7	N	DENVER, CO						
	KPXC-1	59	I	DENVER, CO						
	KRMA-1	6	Е	DENVER, CO						
	KTFD-1	14	I	BOULDER, CO						
	KTVD-1	20		DENVER, CO						
	KUSA-1	9	N	DENVER, CO						
	KWGN-1	2	I	DENVER, CO						
	KZCO-1	7	I	DENVER, CO						

EGAL NAME OF									SYSTEM 0632
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: 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 location	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In 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	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	
		0,0					2,0		
				-					
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				-					
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Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					063233
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	distant static	n, that your	cable system	n carried on a
	substitute basis during the ac	counting pe	riod, under spec	cific present and former FCC	C rules, regula	itions, or au	thorizations.	For a further
Substitute	explanation of the programmi	ng that mus	t be included in	this log, see page (v) of the	general instru	ictions in the	e paper SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	d • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complet	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if the	ir meaning is	5
	clear. If you need more space			ows to the tables. sion program ("substitute p	orogram") tha	t during th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	er informatio	n.
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		Icast live enter	"Yes." Otherwise enter "N	o "			
				sting the substitute program				
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice	nsed by the	e FCC or, in	
	the case of Mexican or Can			community with which the s em carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your syst	eni carried the substitute p	nogram. Ose	numerais,		iui
	Column 6: State the time	s when the		gram was carried by your o				ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules a	nd regulati	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	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	-	TIMES — 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	YSTEM ID# 063233
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 amount, see	7,316.10 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 \$2</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	··· \$	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		
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: MMUNICATIONS LLC			SYSTEM ID# 063233
M Channels	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 rried television broadcast stati otal number of activated chan ne cable system carried televi	ons	ring the accounting period.	13 32
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	ETHER INFORMATION IS NEEDED (Iden sount.)	ntify an individual	
for Further Information	Name	RODNEY HASKINS	;	Telephone (903	3) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, ap 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 accordan	ce with Copyright Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) • <b>partnership)</b> I am the owner of the cable	system as identified in line 1 of space B; or	
	(Age		oration or partnership) I am the duly author the owner is not a corporation or partnersh	orized agent of the owner of the cable system ip; or	as identified
	X (Off	<b>icer or partner)</b> I am an office in line 1 of space B.	r (if a corporation) or a partner (if a partner	ship) of the legal entity identified as owner of	the cable system
	are true, comp		nd hereby declare under penalty of law that my knowledge, information, and belief, and		
			X /s/ Alan Dannenbaum Enter an electronic signature on the line a Enter signature using an "/s/ signature" (	above to certify this statement.	
		Typed or print	ed name: ALAN DANNENBAU	Μ	
		Title:	SVP, PROGRAMMING	nership)	
		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 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	063233
<ul> <li>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."     </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> </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	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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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	

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