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

				Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRI	email to	
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
-	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
	o of this workbook.	2/28/2023	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.
	o and workbook.		ALLOGATION NOMBER	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022	2 Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t subsidiary, not that of the parent corpora		liary of another corporation, give the full corporat	e title of the
Owner	List any other name or names under which	ch the owner conducts the business of th	ne cable system.	
	If there were different owners during the statement of account and royalty fee pay		he last day of the accounting period should submit riod.	t a single
	Check here if this is the system's first filir	g. If not, enter the system's ID number a	assigned by the Licensing Division.	063276
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		

		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		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:								
		N NV 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	063276						
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	CTATE						
First	CARSON CITY	STATE NV						
Community	(N NV CORRECTIONAL)							
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CA								SA1-2E. PAGE:					
Name	CEQUEL COMMUNICATIONS LLC													
Е	SECONDARY TRANSMISSION													
-	In General: The information in s system, that is, the retransmission													
Secondary														
Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).													
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken													
scribers and 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													
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 c													
	unit in which it is generally billed.				standard	I rate variations	within a pa	articular 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 to their subscribers. Give the number of subscribers and rate for each listed category													
	systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different													
	categories, that person or entity													
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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													
	printed in block 1 (for example, ti													
	with the number of subscribers a	ind rates, in the	e right-ha	and block. A two	- or three	-word description	on of the se	ervice is						
	sufficient.	DCK 1					BLOCK	()						
		NO. OF					DLOON	NO. OF						
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	GORY OF SEF	RVICE	SUBSCRIBERS	RATE					
	Residential:													
	Service to first set		0											
	 Service to additional set(s) 													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		39	42.41										
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES										
F	In General: Space F calls for rat	e (not subscrib	er) infor	mation with resp	ect to all	your cable syst	em's servio	es that were						
F	not covered in space E, that is, the					,	,							
Services	service for a single fee. There ar furnished at cost or (2) services													
Other Than	amount of the charge and the un													
Secondary	enter only the letters "PP" in the	rate column.		-		-								
Transmissions:														
Rates		• •			-	• •								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.													
		BLO	CK 1					BLOCK 2						
	CATEGORY OF SERVICE	RATE	-	ORY OF SERVI	CE	RATE	CATEG	DRY OF SERVIC	E RATE					
	Continuing Services:		Installa	tion: Non-resid	ential									
	• Pay cable	-	• Mot	el, hotel										
	• Pay cable—add'l channel	-	• Con	nmercial										
	Fire protection		• Pay	cable										
	 Burglar protection 		• Pay	cable-add'l cha	nnel									
	Installation: Residential		• Fire	protection										
	• First set	-	• Burg	glar protection										
	 Additional set(s) 	-	Other s	ervices:										
	• FM radio (if separate rate)		• Rec	onnect		-								
	• Converter		• Disc	connect										
						_								
			• Out	let relocation		-								
				let relocation	s	-								

	LEGAL NAME OF OWNER (DE CABLE SYSTEM		SYSTEM ID							
Name				063270							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: 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										
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KNPB-1	5	Е	RENO, NV							
	KOLO-1	8	N	RENO, NV							
as Necessary	KREN-1	27	I	RENO, NV							
	KRNS-1	46	I	RENO, NV							
	KRNV-1	4	N	RENO, NV							
	KRXI-1	11	I	RENO, NV							
	KTVN-1	2	N	RENO, NV							

CEQUEL CO	F OWNER OF C								SYSTEM I 0632
n General: Lis		tation ca	rried on a separate and discre nerally receivable by your cabl						н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stati this by placing Give the statior	y the syst be receivent t the Cop sign of e he station ion's sign g a check n's location	Band FM Carriage: Under 0 tem whenever it is received all ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t th sys his	ne system's hea stem's FM anter point, see page by the cable sy station is license	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. structions in the. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
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Accounting Perio	d: 2022/2						FOF	M SA1-2E. PAGE 5.						
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#						
Name	CEQUEL COMMUNICA	TIONS LL	_C					063276						
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	3									
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a													
-	substitute basis during the a													
Substitute	explanation of the programm				ne general instr	uctions in th	ne paper SA	1-2 form.						
Carriage:	1. SPECIAL STATEMENT													
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program													
Program Log	broadcast by a distant station?													
	Note: If your answer is "No	," leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust comple	te the progr	am						
	log in block 2.				-									
	2. LOG OF SUBSTITUTE	PROGRA	MS											
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is													
	clear. If you need more spa			rows to the tables. rision program ("substitute	e program") th	at during t	he accounti	a						
	period, was broadcast by a													
	under certain FCC rules, re	gulations, c	or authorization	is. See page (v) of the gei	neral instruction	ons for furt	ner informat	ion.						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "baske	etball." List specific progra	am titles, for e	xample, "I L	Love Lucy" c	or						
			dcast live, ente	er "Yes." Otherwise enter "	"No."									
	Column 3: Give the call	sign of the	station broadca	asting the substitute progr	ram.									
	Column 4: Give the broat the case of Mexican or Car			he community to which the			ne FCC or, in	ו						
				stem carried the substitute			, with the m	onth						
	first. Example: for May 7 giv	ve "5/7."												
	Column 6: State the time to the nearest five minutes.	es when the	e substitute pro	ogram was carried by your	r cable system	1. List the ti	mes accurat	tely						
	stated as "6:00–6:30 p.m."	Example. a	a program cam	led by a system from 6.01	i. io p.m. to o.	20.30 p.m.	should be							
	Column 7: Enter the lett	er "R" if the	listed program	was substituted for progr	ramming that	your syster	n was <i>requii</i>	red						
	to delete under FCC rules a	and regulati	ons in effect du	i wab babbalatea loi piogi	di antar tha la	etter "P" if th	ne listed pro	aram						
	was substituted for program			uring the accounting perio				3						
	was substituted for progran effect on October 19, 1976	nming that y		uring the accounting perio				3						
	was substituted for progran effect on October 19, 1976	nming that y		uring the accounting perio	ler FCC rules	and regulat	tions in	1						
	effect on October 19, 1976	nming that y	your system wa	uring the accounting perio as permitted to delete und	ler FCC rules	and regulat	tions in ITUTE							
	effect on October 19, 1976	nming that y		uring the accounting perio as permitted to delete und	ler FCC rules	and regulat	tions in ITUTE	7. REASON FOR DELETION						
	effect on October 19, 1976	nming that y	your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR	and regulat	tions in ITUTE SURRED	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
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	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
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	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
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	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						
	effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting perio as permitted to delete und	ler FCC rules WHE CARR 5. MONTH	EN SUBST	ITUTE URRED TIMES	7. REASON FOR						

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name		S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063276
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	sion service nount, see	992.00 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 \$26 • 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.	3,800.	
	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 this accounting period is \$52.00.	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 \$137,10	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 \$527,6	600)	
	4. Extension amount of areas respirits from anosa K		
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 5 263,800.00		
	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)		
	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 #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mor		

Accounting Period:	2022/2							FORM SA1-2E.	PAGE 7
Name		OWNER OF CABLE SYSTEM:							EM ID# 63276
M Channels	to its subscrit 1. Enter the tr system car 2. Enter the tr on which th	You must give (1) the numbe bers, and (2) the cable system otal number of channels on wh ried television broadcast station otal number of activated chann he cable system carried televis badcast services	's total nur nich the ca ons nels sion broade	mber of activated	I channels during th	e accounting period.		7 20	
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acco		ORMATION IS N	NEEDED (Identify a	n individual			
for Further Information	Name	RODNEY HASKINS				Te	elephone (90	03) 579-3152	
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)		uite number)					
	Email	RODNEY.HAS	SKINS@A	ALTICEUSA.CC	DM	Fax (optional			
0	CERTIFICATIO	N (This statement of account i	must be ce	ertified and signe	d in accordance wit	h Copyright Office reg	ulations)		
Certification		ned, hereby certify that (Check on a component of the com				as identified in line 1 of	space B; or		
		ent of owner other than corpor in line 1 of space B and that t ficer or partner) I am an officer	he owner is	s not a corporation	n or partnership; or	_	-		
	are true, comp	in line 1 of space B. ed the statement of account and plete, and correct to the best of r action 1001(1986)]	-		-		herein		
			X	/s/ Alan Da	nnenbaum				
				-	ure on the line above /s/ signature" (e.g., /	to certify this statement s/ John Smith)			
		Typed or printe	ed name:	ALAN DAN	INENBAUM				
		Title:		PROGRAMN al position held in co	IING rporation or partnership)			
		Date:				2/28/2023			

Privacy Act Notice: Section 111 of 11tle 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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

unting Period: 2022/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06327
 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
x Line 2 Multiply line 1 by the interest rate* and enter the sum here x x	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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	

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