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 COPYRIG	GHT OFFICE USE ONLY	email to		
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
	ems (Short Form)	2/28/2023	For additional information, contact the U.S. Copyright Office Licensing Division at			
	of this workbook.	2,20,2020	ALLOCATION NUMBER	(202) 707-8150.		
A	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	te title of the		
Owner	List any other name or names under whi	ich the owner conducts the business of the	e cable system.			
		e accounting period, only the owner on the yment covering the entire accounting perio	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.	063485		
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM				
	CEQUEL COMMUNICATIONS LLC					
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFERENT)				
	SUDDENLINK COMMUNICATIONS					

		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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	IN VETERANS HOME
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Delver and And Made		

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.

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	CEQUEL COMMUNICATIONS LLC	063485								
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.									
		STATE								
First Community	WEST LAFAYETTE (IN VETERANS HOME)	IN								
	(
Add Rows as Necessary										

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:																		
Name	CEQUEL COMMUNICAT	IONS LLC							06348										
Е	SECONDARY TRANSMISSION In General: The information in s					rtransmission s	ervice of th	ie cable											
	system, that is, the retransmission			-															
Secondary	about other services (including p						nose existi	ng on the											
Transmission	last day of the accounting period							harden a											
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in																		
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged																		
	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.	· · ·	,		y standar	d rate variations	within a p	articular rate											
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondary transmiss	sion servic	e that cable											
	systems most commonly provide	•		0		•													
	that applies to your system. Note																		
	categories, that person or entity					0,	•												
	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																		
	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																		
	sufficient.	0.014.4			[B I 0.01	<u> </u>											
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF											
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	B RATE										
	Residential:																		
	 Service to first set 		0	-															
	 Service to additional set(s) 																		
	 FM radio (if separate rate) 																		
	Motel, hotel																		
	Commercial		73	42.41															
	Converter																		
	Residential																		
	Non-residential																		
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES															
F	In General: Space F calls for rat	•	'		•														
Г	not covered in space E, that is, t																		
Services	service for a single fee. There ar furnished at cost or (2) services	•	-		5														
Other Than	amount of the charge and the ur																		
	enter only the letters "PP" in the		-	,		0		0											
Secondary	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.																		
ransmissions:		e charged by the						Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
•	Block 2: List any services that	e charged by the your cable system	em furn	ished or offere	d during t	he accounting p	eriod that												
ransmissions:		e charged by the your cable system separate charge	em furn was ma	ished or offere ade or establis	d during t	he accounting p	eriod that												
ransmissions:	Block 2: List any services that listed in block 1 and for which a statement of the service of th	e charged by the your cable syste separate charge tion and include	em furn was ma the rate	ished or offere ade or establis	d during t	he accounting p	eriod that	form of a											
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e charged by the your cable syste separate charge tion and include BLOC	em furn was ma the rate K 1	ished or offere ade or establis e for each.	d during t hed. List t	he accounting p	eriod that tices in the		E RATI										
ransmissions:	Block 2: List any services that listed in block 1 and for which a statement of the service of th	e charged by the your cable syste separate charge tion and include BLOC RATE	em furn was ma the rate <u>K 1</u> CATEGO	ished or offere ade or establis	d during t hed. List t /ICE	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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	e charged by the your cable syste separate charge tion and include BLOC RATE	em furn was ma the rate K 1 CATEGO	ished or offere ade or establis e for each. DRY OF SER	d during t hed. List t /ICE	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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:	e charged by the your cable syste separate charge tion and include BLOC RATE	em furn was ma the rate K 1 CATEGO nstallat • Mote	ished or offere ade or establis e for each. DRY OF SER ion: Non-res	d during t hed. List t /ICE	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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	e charged by the your cable syste separate charge tion and include BLOC RATE	em furn was ma the rate K 1 CATEGO nstallat • Mote	ished or offere ade or establis e for each. DRY OF SER ¹ tion: Non-res el, hotel imercial	d during t hed. List t /ICE	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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	e charged by the your cable syste separate charge tion and include BLOC RATE	em furn was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay	ished or offere ade or establis e for each. DRY OF SER ¹ tion: Non-res el, hotel imercial	d during t hed. List t /ICE dential	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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	e charged by the your cable syste separate charge tion and include BLOC RATE	em furn was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay • Pay	ished or offere ade or establis of for each.	d during t hed. List t /ICE dential	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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	e charged by the your cable syste separate charge tion and include BLOC RATE	em furn was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay • Pay • Fire	ished or offere ade or establis of for each. DRY OF SERV cion: Non-resi el, hotel imercial cable cable-add'l ch	d during t hed. List t /ICE dential	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATE										
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	e charged by the your cable syste separate charge tion and include BLOC RATE (- -	em furn was ma the rate K 1 CATEG(nstallat • 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	d during t hed. List t /ICE dential	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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	e charged by the your cable syste separate charge tion and include BLOC RATE (- -	em furn was ma the rate K 1 CATEGO nstallar • Mote • Com • Pay • Pay • Fire • Burg Other so	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	d during t hed. List t /ICE dential	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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)	e charged by the your cable syste separate charge tion and include BLOC RATE (- -	em furn was ma the rate K 1 CATEG nstallat • Mote • Com • Pay • 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:	d during t hed. List t /ICE dential	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2	E RATI										
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)	e charged by the your cable syste separate charge tion and include BLOC RATE (- -	em furn was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ished or offere ade or establis e for each. DRY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l ch protection ilar protection ervices: ponnect	d during t hed. List t /ICE dential	he accounting p hese other serv	eriod that tices in the	form of a BLOCK 2											

				FORM SA1-2E. PAGE 3							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID							
Name	CEQUEL COMMUNIC	ATIONS LLC		06348							
	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, except (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 not 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 SA1-										
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WFYI-1	20	Е	INDIANAPOLIS, IN							
				,							
	WISH-1	8	N	INDIANAPOLIS. IN							
d Rows as Necessarv	WISH-1 WLFI-1	8	N	INDIANAPOLIS, IN							
d Rows as Necessary	WISH-1 WLFI-1 WNDY-1	18		LAFAYETTE, LA							
d Rows as Necessary	WLFI-1 WNDY-1	18 23	N I	LAFAYETTE, LA INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1	18 23 6	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1	18 23 6 13	N I	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1	18 23 6 13	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							
d Rows as Necessary	WLFI-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	18 23 6 13 4.2	N I N	LAFAYETTE, LA INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN							

EGAL NAME OF									SYSTEM 0634
	t every radio s	station ca	arried on a separate and discre					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 idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis	he 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 se 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			0.122 0.011	7 01 1	0,0		
				+					
				-					
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Accounting Perio	d: 2022/2					FORM	A SA1-2E. PAGE 5				
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	.C				063485				
	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 FC0	C rules, regulations	s, or authorizations. F	or a further				
Carriage:											
Special Statement and	 During the accounting peri 	s, any nonnetworl	k television program	I							
Program Log											
	Note: If your answer is "No.	" loovo tho	roct of this pag	o blank. If your answor is "	Voc." vou must o		NO				
	Note: If your answer is "No,	leave the	rest or this pag	e blank. Il your answer is	res, you must d	omplete the program	1				
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst			te line. Use abbreviations v	wherever possible	e, if their meaning is					
	clear. If you need more space										
	Column 1: Give the title										
	period, was broadcast by a										
	under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or										
	"NBA Basketball: 76ers vs.	Bulls."				, ,					
				"Yes." Otherwise enter "N							
		•		sting the substitute progra e community to which the		d by the ECC or in					
	the case of Mexican or Can										
	Column 5: Give the mon	th and day		em carried the substitute p			th				
	first. Example: for May 7 giv										
	to the nearest five minutes.			gram was carried by your o			У				
	stated as "6:00–6:30 p.m."		program carrie		o p.m. to 0.20.00						
				was substituted for progra							
	to delete under FCC rules a						am				
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete undel	FCC rules and h	egulations in					
					-						
						SUBSTITUTE					
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	E OCCURRED 6. TIMES	7. REASON FOR DELETION				
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		ROM — TO					
						_					
					·	_					
						_					
						_					
						_					

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063485
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	3,588.00 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263.800 (but less than \$527.	.600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE		
Filler Fr			
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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/2							FOR	RM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:							SYSTEM ID# 063485
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the numbe ers, and (2) the cable system' tal number of channels on wh ied television broadcast static tal number of activated chanr e cable system carried televis adcast services	s total num nich the cab ons nels nion broadc	nber of activated chan ole	nels during the a	accounting period.	ations	8	
N Individual to Be Contacted		O BE CONTACTED IF FUR		ORMATION IS NEED	ED (Identify an i	ndividual			
for Further Information	Name	RODNEY HASKINS				Telep	ohone (903)	579-3152	
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)		ite number)					
	Email	RODNEY.HAS	SKINS@A	LTICEUSA.COM		Fax (optional			
	CERTIFICATION	I (This statement of account r	nust be cer	rtified and signed in a	ccordance with (Copyright Office regula	tions)		
O Certification	(Own (Agen X (Offi • I have examine are true, comp	ned, hereby certify that (Check er other than corporation or in line 1 of space B and that t cer or partner) I am an officer in line 1 of space B. ed the statement of account and lete, and correct to the best of ction 1001(1986)]	partnershi ration or pa the owner is (if a corpor	ip) I am the owner of th artnership) I am the d s not a corporation or p ration) or a partner (if a sclare under penalty of	luly authorized ag partnership; or a partnership) of t law that all stater	ent of the owner of the one of th	cable system a		
			Enter an e	/s/ Alan Danner electronic signature on nature using an "/s/ sign	the line above to	•			
		Typed or printe	ed name:	ALAN DANNEI	NBAUM				
		Title:		PROGRAMMING					
		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	06348
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? 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	
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 days 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	
(interest charge) * 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	
Address	
ID number First community served	
ID number First community served Accounting period	

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