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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

r			Return comp
FOR	email to		
DATE RECEI	/ED	AMOUNT	coplicsoa@
	\$	5	For additiona contact the L Office Licens
2/28/2023		ALLOCATION NUMBER	(202) 707-81

Return completed workbook by email to

coplicsoa@copyright.gov

or additional information, ontact the U.S. Copyright Office Licensing Division at 202) 707-8150.

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20222 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		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 es 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:	
		MURPHYSBORO LIFE SKILLS RE ENTRY CENTER MAILING ADDRESS OF CABLE SYSTEM:	
	_		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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	063778							
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 Community	(MURPHYSBORO LIFE SKILLS RE-ENTRY CENTER) MURPHYSBORO	IL IL							
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	about other services (including p													
Transmission	last day of the accounting period	(June 30 or De	ecember	31, as the cas	e 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													
Nates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).													
	Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the													
	unit in which it is generally billed.				y standaro	d rate variation	s within a p	articular rate						
	category, but do not include disc Block 1: In the left-hand block				es of seco	ndary transmis	sion servic	e that cable						
	systems most commonly provide			•										
	that applies to your system. Note			-		-								
	categories, that person or entity													
	subscriber who pays extra for ca					in the count un	der 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													
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together													
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is													
	sufficient.	OCK 1					BLOC	< 2						
		NO. OF					DLOO	NO. OF						
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	S RATE					
	Residential:													
	Service to first set		0	-										
	Service to additional set(s)													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		15	42.41										
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES										
F	In General: Space F calls for rat													
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.				-		-						
-	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.													
Transmissions:		Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a												
-	Block 2: List any services that	• •	e was m		-			form of a						
Transmissions:	Block 2: List any services that	separate charge		ade or establis	-			form of a						
Transmissions:	Block 2: List any services that listed in block 1 and for which a s	separate charge ption and includ	e the rat	ade or establis	-									
Transmissions:	Block 2: List any services that listed in block 1 and for which a s	separate charge	e the rat CK 1	ade or establis	hed. List t		vices in the	form of a BLOCK 2 ORY OF SERVIC	E RATE					
Transmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	separate charge ption and includ BLO(e the rat CK 1 CATEG	ade or establis e for each.	hed. List t	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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 ption and includ BLO(e the rat CK 1 CATEG Installa	ade or establis e for each. ORY OF SER	hed. List t	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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 ption and includ BLO(e the rat CK 1 CATEG Installa • Mote	ade or establis e for each. ORY OF SER' tion: Non-res	hed. List t	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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 ption and includ BLO(e the rat CK 1 CATEG Installa • Mote • Con	ade or establis e for each. ORY OF SER` tion: Non-res el, hotel	hed. List t	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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	separate charge ption and includ BLO(e the rat CK 1 CATEG Installa • Mote • Con • Pay	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mmercial	/ICE dential	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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 • Fire protection	separate charge ption and includ BLO(e the rat CK 1 CATEG Installa • Mote • Con • Pay • Pay	ade or establis e for each. ORY OF SER' tion: Non-resi el, hotel nmercial cable	/ICE dential	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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'l channel • Fire protection • Burglar protection	separate charge ption and includ BLO(e the rat CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	ade or establis e for each. ORY OF SER' tion: Non-resi el, hotel mercial cable cable	/ICE dential	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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'l channel • Fire protection •Burglar protection Installation: Residential	separate charge ption and includ BLO(e the rat CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	/ICE dential	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charge ption and includ BLO(e the rat CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Bure Other s	ade or establis e for each. ORY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	/ICE dential	hese other ser	vices in the	BLOCK 2	E RATE					
Transmissions:	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'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charge ption and includ BLO(e the rat CK 1 CATEG Installa • Moto • Con • Pay • Pay • Fire • Burç Other s • Rec	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection glar protection ervices:	/ICE dential	hese other ser	vices in the	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'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charge ption and includ BLO(e the rat CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ade or establis e for each. ORY OF SER' tion: Non-resi el, hotel mmercial cable cable-add'I ch protection glar protection ervices: onnect	/ICE dential	hese other ser	vices in the	BLOCK 2	E RATE					

_	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM						
lame	CEQUEL COMMUNIC			063						
	PRIMARY TRANSMITTERS:									
ary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, is Substitute Basis Stations basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the- the form. The number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t	1) stations carried only on a part- carriage of certain network progra (e)(2) and (4))]; and (2) certain statistic ried by your cable system on a sub- special Statement and Program both on a substitute basis and als be page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep- ision station for broadcasting over ation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. he community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other ctions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the						
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION									
	KBSI-1	23	I	CAPE GIRARDEAU, MO						
	KFVS-1	12	N	CAPE GIRARDEAU, MO						
ssary	WPSD-1	6	Ν	PADUCAH, KY						
	WSIL-1	3	Ν	HARRISBURG, IL						

EGAL NAME O									SYSTEM I 0637
n General: Lis		tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	i it is carried by monitoring, to prmation abou rm. dentify the call State whether t the radio stati this by placing Sive the station	/ the syst be receiv t the Cop sign of e he statio on's sigr a check d's locatio	Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s byright 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 sed	ne system's hea stem's FM anter point, see page by the cable sy station is license	idend, and (2) nna, during cel e (v) of the ger vstem 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	
				_					
				-					
				-					
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Accounting Perio	d: 2022/2						FOF	RM SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	_C					063778				
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG								
	In General: In space I, identi	-	-			on that you	r cable syste	m carried on a				
-	substitute basis during the a											
Substitute	explanation of the programm				ie general instr	uctions in th	ne paper SA	1-2 form.				
Carriage:	1. SPECIAL STATEMENT											
Special Statement and	 During the accounting per 	riod, did you	ur cable system	i carry, on a substitute ba	sis, any nonne	etwork telev	ision progra					
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 subs				s wherever po	ssible, if th	eir meaning	is				
	clear. If you need more spa			rows to the tables. ision program ("substitute	orogram") th	at during t	he accountii	na				
	period, was broadcast by a											
	under certain FCC rules, re	gulations, c	or authorization	s. See page (v) of the ge	neral instruction	ons for furth	her informat	ion.				
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "baske	etball." List specific progra	am titles, for ex	kample, "I L	Love Lucy" o	or				
			dcast live, ente	r "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			ne community to which the			ie FCC or, ii	n				
				tem 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	gram was carried by your	r cable system	List the ti	mes accura	tely				
	stated as "6:00–6:30 p.m."	Example. a	a program cam	ed by a system from 6.01	. 15 p.m. to o.	20.30 p.m.	should be					
	Column 7: Enter the lett	er "R" if the	listed program	was substituted for prog	ramming that	your syster	n was <i>requii</i>	red				
	to delete under FCC rules a	and regulati		1 5		#*** "D" :f #	ne listed nro					
				uring the accounting perio				gram				
	was substituted for program	nming that y		uring the accounting perio				gram				
		nming that y		uring the accounting perio	er FCC rules	and regulat	tions in	gram				
	was substituted for progran effect on October 19, 1976	nming that y	your system wa	uring the accounting periods as permitted to delete und	er FCC rules	and regulat	tions in					
	was substituted for progran effect on October 19, 1976	nming that y		uring the accounting periods as permitted to delete und	WHE CARR	and regulat	tions in	7. REASON FOR DELETION				
	was substituted for progran effect on October 19, 1976	nming that y	your system wa	uring the accounting periods as permitted to delete und	er FCC rules	and regulat	ITUTE	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				
	was substituted for progran effect on October 19, 1976	SUBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR				

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063778
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.	ssion service nount, see	3,912.00 sss 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.	33,800.	
	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.	s 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,	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 Due	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 of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2022/2										FOF	RM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM										SYSTEM ID# 063778
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	You must give (1) the numb- bers, and (2) the cable system otal number of channels on w ried television broadcast stat otal number of activated chan be cable system carried televi badcast services	's total n hich the c ons nels sion broa	cab	iber of activations	ted channels	s during th	ne accounting p	eriod.		4	
N Individual to Be Contacted		TO BE CONTACTED IF FUR		NFC	DRMATION IS	S NEEDED	(Identify a	n individual				
for Further Information	Name	RODNEY HASKINS							Telephone	(903) 579	-3152	
	Address	3027 S SE LOOP 3 (Number, street, rural route, ap TYLER, TX 75701 (City, town, state, zip)		or suit	ite number)							
	Email	RODNEY.HA	SKINS@	@Al	LTICEUSA.C	СОМ		Fax (opti	onal			
0	CERTIFICATIO	N (This statement of account	must be	e cer	rtified and sig	ned in acco	rdance wit	th Copyright Of	fice regulations)			
Certification		ned, hereby certify that (Check ner other than corporation or					ble system	n as identified in l	ine 1 of space B;	or		
	(Age	nt of owner other than corpo in line 1 of space B and that						agent of the owne	er of the cable sys	stem as identif	ied	
	X (Off	icer or partner) I am an officer in line 1 of space B.	íf a corp	pora	ation) or a partr	ner (if a part	nership) of	the legal entity in	dentified as owne	r of the cable s	system	
	are true, comp	ed the statement of account an lete, and correct to the best of ction 1001(1986)]	-			-						
	1		_X	X	/s/ Alan D	Dannenba	ium					
					-			e to certify this sta /s/ John Smith)	atement.			
		Typed or print	ed name:	e:	ALAN DA	ANNENB.	AUM					
		Title:			PROGRAM		r partnership	o)				
		Date:						2/28/2	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.

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06377
 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? Y NO 	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 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 Address ID number	

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