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

STATEME	NT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
	y Transmissions by	DATE RECEIVED		
Cable Syster	of this workbook.	2/28/2023	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022	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 corporate ti	itle of the
Owner	List any other name or names under whi	ch the owner conducts the business of the	e cable system.	
	-	e accounting period, only the owner on th yment covering the entire accounting peri	e last day of the accounting period should submit a not	single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	ssigned by the Licensing Division.	063817
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3027 S SE LOOP 323	number)		

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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.

TYLER, TX 75701

(City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

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

NEW CASTLE CORRECTIONAL FACILITY

С

System

1

2

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#						
Name		063817						
D Area Served	CEQUEL COMMUNICATIONS LLC         063817           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.							
First Community	CITY OR TOWN NEW CASTLE (NEW CASTLE CORR)	IN						
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CA								A1-2E. PAGE		
Name								01	06381		
Е	SECONDARY TRANSMISSION										
<b>L</b>	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	cember	31, as the cas	e may be)	).		0			
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). 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										
Rales	separately for the particular servi							shargeu			
	Rate: Give the standard rate c	harged for each	n catego	ry of service. I	nclude bot	h the amount of	the charge				
	unit in which it is generally billed.				iy standaro	d rate variations	within a pa	articular rate			
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondary transmiss	ion service	e that cable			
	systems most commonly provide	•		•							
	that applies to your system. Note			-		-					
	categories, that person or entity										
	subscriber who pays extra for ca first set" and would be counted o					In the count und	er Service	e to the			
	Block 2: If your cable system h					service that are	different fro	om those			
	printed in block 1 (for example, ti					,	,,	, 0			
	with the number of subscribers a	ind rates, in the	right-ha	ind block. A tw	o- or three	e-word description	n of the se	ervice is			
	sufficient.	DCK 1					BLOCK	()			
		NO. OF					BLOOI	NO. OF			
	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>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		58	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	SMISS	IONS: RATES							
E	In General: Space F calls for rat					your cable syste	em's servio	ces 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							-			
Fransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
	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										
		separate charge	brief (two- or three-word) description and include the rate for each.								
	listed in block 1 and for which a s				nea. List t	hese other servi					
	listed in block 1 and for which a s	otion and includ	e the rat		neu. List t	hese other servi		BLOCK 2			
	listed in block 1 and for which a s		e the rat CK 1			hese other servi		BLOCK 2 ORY OF SERVIC	E RATE		
	listed in block 1 and for which a s brief (two- or three-word) descrip	tion and includ	e the rat CK 1 CATEG	e for each.	VICE				E RATE		
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	tion and includ	e the rat CK 1 CATEG Installa	e for each. ORY OF SER'	VICE				E RATE		
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	tion and includ	e the rat CK 1 CATEG Installa • Mote	e for each. ORY OF SER' tion: Non-res	VICE				E RATE		
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	tion and includ	e the rat CK 1 CATEG Installa • Mote • Con	e for each. ORY OF SER' tion: Non-res el, hotel	VICE				E RATE		
	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	tion and includ	e the rat CK 1 CATEG Installa • Mote • Con • Pay	e for each. ORY OF SER' tion: Non-res el, hotel nmercial	√ICE idential				E RATE		
	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	tion and includ	e the rat CK 1 CATEG Installa • Moto • Con • Pay • Pay	e for each. ORY OF SER' tion: Non-res el, hotel nmercial cable	√ICE idential				E RATE		
	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	tion and includ	e the rat CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	e for each. ORY OF SER' tion: Non-res el, hotel nmercial cable cable	√ICE idential				E RATE		
	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	BLOC RATE	e the rat CK 1 CATEG Installa • Moto • Con • Pay • Pay • Fire • Burg	e for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	√ICE idential				E RATE		
	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	BLOC RATE	e the rat CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s	e for each. ORY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	√ICE idential				E RATE		
	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)	BLOC RATE	e the rat CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec	e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	√ICE idential				E RATE		
	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)	BLOC RATE	e the rat CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	e for each. ORY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	√ICE idential				E RATE		

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM I					
Name	CEQUEL COMMUNIC	ATIONS LLC		0638					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	<ul> <li>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 66.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</li> <li>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:</li> <li>&gt; 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 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.</li> <li>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</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>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, multicast), "I" (for independent), "I-M"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 f</li></ul>								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WFYI-1	2	E	INDIANAPOLIS, IN					
	WTHR-1	13	N	INDIANAPOLIS, IN					
Necessary	WTTV-1	4	N	INDIANAPOLIS, IN					
Rows as Necessary		59							
	WXIN-1	39	I	INDIANAPOLIS, IN					
	WXIN-1 WRTV-1	6	N	INDIANAPOLIS, IN INDIANAPOLIS, IN					
			і <u>N</u> І						
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I	INDIANAPOLIS, IN					
	WRTV-1	6	I N I	INDIANAPOLIS, IN					
	WRTV-1	6	I	INDIANAPOLIS, IN					
	WRTV-1	6		INDIANAPOLIS, IN					
	WRTV-1	6		INDIANAPOLIS, IN					
	WRTV-1	6		INDIANAPOLIS, IN					
	WRTV-1	6		INDIANAPOLIS, IN					
	WRTV-1	6		INDIANAPOLIS, IN					

EGAL NAME O	F OWNER OF C								SYSTEM I 0638
n General: Lis		tation ca	rried on a separate and discre nerally receivable by your cabl						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 statior	y the syst be receive t the Cop sign of e he statio ion's sign g a check h's locatio	<b>Band FM Carriage:</b> Under 0 tem whenever it is received at ved at the headend, with the s pyright Office regulations on th 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. 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	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	_C					063817
	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				e general instr	uctions in th	ne paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMENT							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable system	carry, on a substitute bas	sis, any nonne	etwork tele	vision progra	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust comple	ete 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 accounti	na
	period, was broadcast by a							
	under certain FCC rules, re	gulations, c	or authorization	s. See page (v) of the ger	neral instruction	ons for furt	her informat	ion.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "baske	etball." List specific progra	am titles, for ex	xample, "I l	_ove Lucy" o	br
			dcast live, ente	r "Yes." Otherwise enter "	'No."			
	Column 3: Give the call	sign of the	station broadca	sting the substitute progra	am.			
	Column 4: Give the broat the case of Mexican or Car			ne community to which the			ne FCC or, ii	า
				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	cable system	1. 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.	snould 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
					ما مطغ سمغم مام	ttor "D" if t	a a Bata durana	
	to delete under FCC rules a							gram
	was substituted for program	nming that y						gram
		nming that y			er FCC rules	and regula	tions in	gram
	was substituted for progran effect on October 19, 1976	nming that y	your system wa		er FCC rules	and regula	tions in ITUTE	1
	was substituted for progran effect on October 19, 1976 S	nming that y			er FCC rules WHE CARR	and regula EN SUBST	tions in ITUTE	gram 7. REASON FOR DELETION
	was substituted for progran effect on October 19, 1976	nming that y	your system wa		er FCC rules	and regula EN SUBST	tions in ITUTE SURRED	7. REASON FOR
	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	ITUTE URRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	ITUTE URRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	ITUTE URRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	ITUTE URRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	ITUTE URRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	ITUTE URRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	ITUTE URRED TIMES	7. REASON FOR

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID#
			063817
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 am 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 ount, see	<b>,700.00</b> ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE 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 \$26</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>	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	0)	
	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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Total Remittance 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 o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2022/2						FORM SA1-2E. PAGE
Name		OWNER OF CABLE SYSTEM:					SYSTEM ID 06381
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number pers, and (2) the cable system's otal number of channels on wh ried television broadcast statio otal number of activated chann he cable system carried televisio padcast services	s total nu ich the ca ons nels ion broad	umber of activated able d	channels during th	e accounting period.	. <u>6</u> 52
N Individual to Be Contacted		TO BE CONTACTED IF FUR1 ct about this statement of acco		FORMATION IS N	IEEDED (Identify a	n individual	
for Further Information	Name	RODNEY HASKINS				Telepho	ne (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		suite number)			
	Email	RODNEY.HAS	SKINS@	ALTICEUSA.CO	M	Fax (optional	
	CERTIFICATIO	<b>N</b> (This statement of account n	nust be c	certified and signed	d in accordance wit	h Copyright Office regulation	is)
O Certification		ned, hereby certify that (Check o ner other than corporation or p				as identified in line 1 of space	B; or
		nt of owner other than corpor in line 1 of space B and that th icer or partner) I am an officer (	ne owner	is not a corporation	or partnership; or		
	I have examine are true, comp	in line 1 of space B. ed the statement of account and lete, and correct to the best of m ction 1001(1986)]	hereby d	eclare under penalt	y of law that all state	ments of fact contained herein	
			X			to certify this statement.	_
				-	/s/ signature" (e.g., /		
		Typed or printe	d name:	ALAN DAN	INENBAUM		
		Title:		, PROGRAMM	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.

ounting Period: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06381
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	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	
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	
* 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 Accounting period	

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