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			
	INT OF ACCOUNT	FOR COPYRIC	email to				
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>			
General instruc	ms (Short Form)	2/28/2023	\$				
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.			
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	YY/(Period))				
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	20	222 Barcode Data Filing Period (optional	- see instructions)				
Accounting	20		,				
Period							
В	Instructions: Give the full legal name of the owner of subsidiary, not that of the parent corp		ary of another corporation, give the full corpora	ate title of the			
Owner	List any other name or names under w	hich the owner conducts the business of th	e cable system.				
		the accounting period, only the owner on the owner on the owner on the owner on the owner of the entire accounting per	e last day of the accounting period should subm iod.	it a single			
	Check here if this is the system's first f	iling. If not, enter the system's ID number a	ssigned by the Licensing Division.	063880			
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM					
1							

		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)
		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:
	I	NORTH BRANCH CORRECTIONAL
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or sulte 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	063880							
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	CUMBERLAND	MD							
Community	(NORTH BRANCH CORRECTIONAL)								
Add Rows as Necessary									

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						•	ORM SA1-				
Name	CEQUEL COMMUNICATIONS LLC												
Е	SECONDARY TRANSMISSION					transmission	omico of	the eable					
	<b>In General:</b> The information in s system, that is, the retransmission												
Secondary	about other services (including p												
Transmission	last day of the accounting period												
Service: Sub-	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
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												
Ruico	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 standaro	l rate variations	within a	particular rate	9				
	category, but do not include disc Block 1: In the left-hand block				es of seco	ndarv transmis	sion serv	vice that cable					
	systems most commonly provide	•		•									
	that applies to your system. Note			-		-							
	categories, that person or entity subscriber who pays extra for ca								I				
							Jei Seiv						
	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 a sufficient.	ind rates, in the	right-ha	and block. A tw	o- or three	-word description	on of the	service is					
		DCK 1					BLO	СК 2					
		NO. OF					DLU	NO.	ЭF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SE	RVICE	SUBSCR	IBERS	RATE			
	Residential:												
	Service to first set		0	-									
	• Service to additional set(s)												
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial		69	42.41									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	IONS: RATES									
F	In General: Space F calls for rat								re				
Г	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													
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a												
	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.												
		tion and include	e the rat	e for each.									
				e for each.				BLO	CK 2				
		BLOO	CK 1	e for each.	/ICE	RATE	CATE	BLO GORY OF SE		RATE			
	brief (two- or three-word) descrip	BLOO	CK 1 CATEG		-	RATE	CATE			RATE			
	brief (two- or three-word) descrip	BLOO	CK 1 CATEG Installa	ORY OF SER	-	RATE	CATE			RATE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOO	CK 1 CATEG Installa • Mote	ORY OF SER' tion: Non-res	-	RATE	CATE			RATE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO	CK 1 CATEG Installa • Mote • Con	ORY OF SER' tion: Non-res el, hotel	-	RATE	CATE			RATE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO	CK 1 CATEG Installa • Mote • Con • Pay	ORY OF SER` <b>tion: Non-res</b> el, hotel nmercial	dential	RATE	CATE			RATE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO	CK 1 CATEG Installa • Mote • Com • Pay • Pay	ORY OF SER' tion: Non-res el, hotel nmercial cable	dential	RATE	CATE			RATE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOO	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	ORY OF SER' tion: Non-res el, hotel nmercial cable cable cable-add'l ch	dential	RATE	CATE			RATE			
	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 - - -	CK 1 CATEG Installa • Moto • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATE			RATE			
	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 - - -	CK 1 CATEG Installa • Moto • Con • Pay • Pay • Fire • Burç Other s	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	dential	RATE	CATE			RATE			
	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 - - -	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	dential	RATE	CATE			RATE			
	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 - - -	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'I ch protection glar protection services: connect	dential	RATE	CATE			RATE			

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID							
Name	CEQUEL COMMUNIC	ATIONS LLC		063880							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enti (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a su- e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep- ision station for broadcasting over tation, 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 a 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							
	1. CALL SIGN	4. LOCATION OF STATION									
	WUSA-1	9	N	Washington, DC							
	WTTG-1	5	I	Washington, DC							
Necessary	WRC-1	4	Ν	Washington, DC							
	WJLA-1	7	N	Washington, DC							
	WHUT-1	32	I	Washington, DC							
	WDCW-1	50	I	Washington, DC							
		1									
	WETA-1	26	Е	Washington, DC							
	WETA-1 WDCA-1	26 20	E	Washington, DC Washington, DC							
			E								
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			E 1								
			E								
			E 1								

EGAL NAME O									SYSTEM II 0638
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl						н
eceivable if (1) in the basis of for detailed info 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 stat 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	<b>Band FM Carriage:</b> 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 tem's FM anter point, see page by the cable sy station is license	idend, and (2) nna, during cei e (v) of the gei 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	
				Π					
				-					
				-					
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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					063880					
	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 period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Program Log	broadcast by a distant station?												
	<b>Note:</b> If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	Note: If your answer is two, leave the rest of this page blank. If your answer is Yes, you must complete the program 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 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	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 progr	ramming that	your syster	n was <i>requii</i>	red					
	to doloto undor ECC rulos (			. Hae easealaite i ei preg.		ttor "D" if th	na listad 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 perio is permitted to delete und	er FCC rules	and regulat	tions in						
	was substituted for progran effect on October 19, 1976 S	nming that y		uring the accounting perio is permitted to delete und	er FCC rules	and regulat N SUBST	tions in	gram 7. REASON FOR DELETION					
	was substituted for progran effect on October 19, 1976	UBSTITUT	your system wa	uring the accounting perio is permitted to delete und	WHE CARR	and regulat N SUBST	tions in ITUTE URRED	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
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	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
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	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
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	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N SUBST	ITUTE URRED	7. REASON FOR					
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	was substituted for progran effect on October 19, 1976 S	UBSTITUT	Your system wa	uring the accounting periods as permitted to delete und	WHE CARR	N 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	STEM ID# 063880
			UDJDDU
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (viii) 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	7 <b>,632.50</b> 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		
	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 grane receipto from one on K		
	1. Enter the amount of gross receipts from space K         2. Base amount under statutory formula         \$         263,800.00		
	2. Base amount under statutory formula		
	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 #		
	<u>Important:</u> 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 the second seco		

Accounting Period:	2022/2									FORM SA1-2E. PA	AGE 7.
Name	LEGAL NAME OF OWNER O CEQUEL COMMUNICA									SYSTEI 06	M ID#
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must to its subscribers, and (2)</li> <li>1. Enter the total number system carried television</li> <li>2. Enter the total number on which the cable system and nonbroadcast series</li> </ul>	) the cable system of channels on wh on broadcast static of activated chann stem carried televis	is total nur nich the ca ons nels nion broad	umber cable 	r of activated channe	ls during the	accounting period	[		8 28	
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			IFORM	MATION IS NEEDED	(Identify an	individual				
for Further Information	Name RODN	IEY HASKINS						Telephone	(903) 579-31	52	
	(Number, <b>TYLE</b>	S SE LOOP 32 street, rural route, apa R, TX 75701 n, state, zip)		suite ni	umber)						
	Email	RODNEY.HAS	SKINS@/	ALTI	ICEUSA.COM		Fax (optional				
O Certification	CERTIFICATION (This stat				-	ordance with	Copyright Office	regulations)			
					am the owner of the ca	able system a	s identified in line 1	of space B; o	r		
	in line 1 c	f space B and that t <b>ner)</b> I am an officer	he owner is	is not	ership) I am the duly a a corporation or partn n) or a partner (if a par	ership; or		-		em	
	In line 1 c I have examined the stated are true, complete, and co [18 U.S.C., Section 1001(*)	rrect to the best of n	-					ed herein			
			X	/s	s/ Alan Dannenb	aum					
					ctronic signature on th ure using an "/s/ signat			ent.			
		Typed or printe	d name:	<b>A</b>	LAN DANNENE	BAUM					
		Title:			OGRAMMING sition held in corporation of	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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06388
<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>X 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     Name       Mailing Address     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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> </ul>	
Owner Address ID number First community served	

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