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

006994

				Return completed workbook by
STATEMENT O	F ACCOUNT	FOR COPYRIC	HT OFFICE USE ONLY	email to
for Secondary Tran	-	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Sh General instructions ar in the first tab of this w	e located	2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
	NTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	
Accounting	2022	2 Barcode Data Filing Period (optional	see instructions)	
Period				
Gi	structions: we the full legal name of the owner of bsidiary, not that of the parent corpor		ary of another corporation, give the full corpora	te title of the
Owner	t any other name or names under whi	ch the owner conducts the husiness of the	cable system	

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	INST name	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as 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:
		CRANE, TX
		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.

Accounting Period:	, _	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 006994
D Area Served	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobili city.	unity" is the same as a "community unit" as defined in FCC rules: "a mmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
First	CITY OR TOWN	STATE TX
Community	CRANE COUNTY(PORTION)	TX
Add Rows as Necessary		

									I SA1-2E. PAGE		
Name											
	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	TES						
E	In General: The information in s		-			transmission se	ervice of	the cable			
<b>.</b> .	ystem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission	bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the st day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-	Number of Subscribers: Both						le syster	n, broken			
scribers and	down by categories of secondary	•					•				
Rates	each category by counting the nu							s charged			
	separately for the particular servert Rate: Give the standard rate c							rao and the			
	unit in which it is generally billed.										
	category, but do not include disc				yotandart		within a				
	Block 1: In the left-hand block	in space E, the	form lis	sts the categorie							
	systems most commonly provide										
	that applies to your system. <b>Note</b> categories, that person or entity			-		-					
	subscriber who pays extra for ca										
	first set" and would be counted o										
	Block 2: If your cable system I										
	printed in block 1 (for example, ti										
	with the number of subscribers a sufficient.	ind rates, in the	right-ha	and block. A two	o- or three	e-word description	on of the	service is			
		DCK 1					BLO	CK 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	DS.	RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBEF	RS RATE		
	Residential:	SUBSCIUDE	110		CAT		(VICL	SUBSCITIBLI			
	Service to first set		47	50.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		10	45.95							
	Converter			-0.00				•••••			
	Residential										
	Non-residential							•••••			
	- Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	SIONS: RATES							
F	In General: Space F calls for rat	•	,			• •					
I	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.	-	-		-		-			
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that										
Rates	listed in block 1 and for which a s	• •			-	• •					
	brief (two- or three-word) descrip				lou. Liot t		000 11 0				
		BLO						BLOCK 2	)		
	CATEGORY OF SERVICE			ORY OF SERV	/ICE	RATE	CATE	GORY OF SERV			
	Continuing Services:		Installa	tion: Non-resi	dential						
	• Pay cable	17.00	• Mot	el, hotel							
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	• Cor	nmercial							
	Fire protection		• Pay	cable							
	<ul> <li>Burglar protection</li> </ul>		• Pay	v cable-add'l cha	annel						
	Installation: Residential		• Fire	e protection							
	• First set	99.00	• Bur	glar protection							
	<ul> <li>Additional set(s)</li> </ul>	25.00	Other s	services:			[				
	• FM radio (if separate rate)		• Rec	connect		40.00	[				
	• Converter		• Dise	connect							
			• Out	let relocation		25.00					
			• Mov	ve to new addre	SS	99.00					

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	CATIONS LLC		0069					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, is <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each static 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 eace educational station, by ent (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 ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progr (e)(2) and (4))]; and (2) certain sta rried 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, ESI- air designation. For example, rep vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep c"E-M" (for noncommercial educat tions in the paper SA1-2 form. the community to which the statior	time basis under rams [sections ations carried on a abstitute program Log)—if the so on some other ations. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" ional multicast).					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KMID-1	2	N	MIDLAND, TX					
	KMLM-1	42	I	ODESSA, TX					
as Necessary	KOSA-1	7	N	ODESSA, TX					
	KOSA-2	7.2	I-M	ODESSA, TX					
	KPBT-1	36	E	ODESSA, TX					
	KPEJ-1	24	Ι	ODESSA, TX					
	KWES-1	9	Ν	ODESSA, TX					

U.S. Copyright Office

	F OWNER OF C								SYSTEM II 0069
n General: Lis		tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stati this by placing Give the statior	y the sys be receivent t the Cop sign of e he statio ion's sign g a check h's locatio	I-Band FM Carriage: Under ( tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically process is mark in the "S/D" column. on (the community to which the the community with which the	t the syst system's his point, ed by the e station	em's hea FM anter see page cable sy is license	idend, and (2) nna, during ce e (v) of the gen 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	
		<u> </u>							
		[							
		+	+						

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					006994
	SUBSTITUTE CARRIAGE				 i			
	In General: In space I, identi	-	-			on that you	ir cable svste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable system	n carry, on a substitute bas	sis, any nonne	etwork tele	vision progra	am
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No	." leave the	rest of this pad	ge blank. If vour answer is	s "Yes." vou m	ust comple	ete the proar	am
	log in block 2.	,		5 5	, ,		1 5	
	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				program") th	ot during t	ha aqquunti	22
	period, was broadcast by a			vision program ("substitute our cable system substitute				
	under certain FCC rules, re	gulations, c	or authorization	is. See page (v) of the ger	neral instruction	ons for furt	her informat	ion.
	Do not use general categor		ovies" or "baske	etball." List specific progra	im titles, for ex	xample, "I l	Love Lucy" o	or
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter "	No "			
				asting the substitute progra				
				he community to which the			ne FCC or, i	n
	the case of Mexican or Car			community with which the stem carried the substitute			with the m	onth
	first. Example: for May 7 giv		when your sys		program. 03	c numerai	, with the m	onun
	Column 6: State the time	es when the	e substitute pro	gram was carried by your	cable system	. List the ti	mes accura	tely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a	a program carri	ied by a system from 6:01	:15 p.m. to 6:	28:30 p.m.	should be	
		er "R" if the	listed program	was substituted for progr	ramming that	vour svster	m was <i>requi</i> i	red
	to delete under FCC rules a	and regulati	ons in effect du		d; enter the le	etter "P" if t	he listed pro	gram
	was substituted for program							
			our system wa	uring the accounting period as permitted to delete unde	er FCC rules	and regula	tions in	-
	effect on October 19, 1976.		our system wa		er FCC rules	and regula	tions in	-
			/our system wa		11	and regula		-
	effect on October 19, 1976		E PROGRAM	as permitted to delete unde	WHE CARR	EN SUBST	ITUTE	7. REASON FOR
	effect on October 19, 1976			as permitted to delete unde	WHE	EN SUBST	ITUTE	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	5. MONTH	EN SUBST IAGE OCC 6.	TTUTE CURRED 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	S	YSTEM ID# 006994
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 transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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	<b>7,353.08</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.	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 \$137,1	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and		E0 00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	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 set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set.		

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 006994
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must give (1) the number of channels on which the cable syste its subscribers, and (2) the cable system's total number of activated channels</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	during the accounting period. 7 63
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.)	ldentify an individual
for Further Information	Name RODNEY HASKINS	Telephone (903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM	Fax (optional
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in account in the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the categories of the catego</li></ul>	
	<ul> <li>(Agent of owner other than corporation or partnership) I am the duly au in line 1 of space B and that the owner is not a corporation or partner</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partr in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law th are true, complete, and correct to the best of my knowledge, information, and belief, a [18 U.S.C., Section 1001(1986)]</li> </ul>	rship; or ership) of the legal entity identified as owner of the cable system at all statements of fact contained herein
	Enter an electronic signature on the Enter signature using an "/s/ signature	line above to certify this statement.
	Typed or printed name: ALAN DANNENB	AUM
	Title: SVP, PROGRAMMING (Title of official position held in corporation or	partnership)
	Date:	2/28/2023

Privacy Act Notice: Section 111 of 11tle 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

unting Period: 2022/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00699
<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 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	
<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	

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