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 COPYRIC	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	0.00.00	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.	8-29-23	ALLOCATION NUMBER	(202) 707-8150.
Δ			

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 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.
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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:
		WOODWARD, OK
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite 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:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	010487
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	community" is the same as a "community unit" as defined in FCC rules: "a red communities within unincorporated areas and including single, discrete
A	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	city.	
First	CITY OR TOWN WOODWARD	STATE OK
Community	MOORELAND	OK
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							SA1-2E. PAGE					
Name	CEQUEL COMMUNICAT	IONS LLC						_	01048					
	SECONDARY TRANSMISSION													
E	In General: The information in s					transmission s	ervice o	f the cable						
	system, that is, the retransmission			-	•									
Secondary	about other services (including p						iose exi	sting on the						
Transmission	last day of the accounting period						o ovoto	m brokon						
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken													
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													
	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 variations	within a	a particular rate						
	category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space F, the form lists the categories of secondary transmission service that cable													
		Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category												
	that applies to your system. Note													
	categories, that person or entity					0,								
	subscriber who pays extra for ca					in the count und	er "Serv	vice 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 a													
	sufficient.							014.0						
	BLC	DCK 1 NO. OF					BLO	CK 2 NO. OF						
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBER	S RATI					
	Residential:													
	 Service to first set 		522	50.00										
	 Service to additional set(s) 													
	 FM radio (if separate rate) 													
	Motel, hotel													
	Commercial		61	45.95										
	Converter													
	• Residential													
	Non-residential													
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES										
F	In General: Space F calls for rat	•	,	•										
Г	not covered in space E, that is, the													
Services	service for a single fee. There ar furnished at cost or (2) services	•					0.	,						
Other Than	amount of the charge and the un													
Secondary	enter only the letters "PP" in the	rate column.		-		-								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.													
Rates	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													
	brief (two- or three-word) descrip				ieu. List t	nese other serv	ces in t							
		BLO						BLOCK 2						
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATE	EGORY OF SERVI						
	Continuing Services:			tion: Non-resid										
	• Pay cable	17.00	• Mot	el, hotel										
	• Pay cable—add'l channel	19.00	• Con	nmercial										
	Fire protection		• Pay	cable										
	•Burglar protection		-	cable-add'l cha	annel									
	Installation: Residential		-	protection										
	First set	99.00	• Burg	glar protection										
	 Additional set(s) 	25.00		ervices:										
	• FM radio (if separate rate)		• Rec	onnect		40.00								
	• Converter		• Disc	connect										
				let relocation		25.00								
	1						·····							
			• Mov	e to new addre	SS	99.00								

ounting Period: 2	-			FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER O			SYSTEM 0104						
	CEQUEL COMMUNICATIONS LLC 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 Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1 : List each station 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 I on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	I) stations carried only on a part-t carriage of certain network progr- e)(2) and (4))]; and (2) certain sta- ried by your cable system on a su Special Statement and Program both on a substitute basis and als ee page (v) of the general instruct gram services such as HBO, ESF air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep 'E-M" (for noncommercial educati ions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections ations carried on a ubstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream 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						
	KETA-1	13	E	OKLAHOMA CITY, OK						
	KFOR-1	4	N	OKLAHOMA CITY, OK						
d Rows as Necessary	KFOR-HD1	4	N-M	OKLAHOMA CITY, OK						
	КОСВ-1	34	I	OKLAHOMA CITY, OK						
	KOCB-HD1	34	I-M	OKLAHOMA CITY, OK						
	KOCO-1	5	N	OKLAHOMA CITY, OK						
	KOCO-HD1	5	N-M	OKLAHOMA CITY, OK						
	КОКН-1	25	I	OKLAHOMA CITY, OK						
	KOKH-HD1	25	I-M	OKLAHOMA CITY, OK						
	KOMI-1	24	I	WOODWARD, OK						
	KWTV-1	9	N	OKLAHOMA CITY, OK						
	KWTV-2	9.2	I-M	OKLAHOMA CITY, OK						
	KWTV-HD1	9	N-M	OKLAHOMA CITY, OK						

CEQUEL CO	MMUNICA								SYSTEM I 0104
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					ied on an	Н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If gnal, indicate t Column 4: G	it is carried by monitoring, to irmation about m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receivent the Cope sign of e he station ion's sign a check n's location	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on the each station carried. on 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	at t sy his seo	he system's hea stem's FM anter s point, see page d by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC) it can b ertain 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	11	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
JALL SIGN		3/0	LOCATION OF STATION	Η	UALL SIGN		3/0	LOCATION OF STATION	
							<u></u>		
				1					

	d: 2023/1						FOR	M SA1-2E. PAGE 5.			
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	.C					010487			
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG							
Substitute	In General: In space I, identi substitute basis during the ad	ccounting pe	riod, under spe	cific present and former FC	C rules, regula	itions, or a	uthorizations.	For a further			
Carriage:											
Special	During the accounting per	-			is any nonnei	work telev	vision program	n			
Statement and	broadcast by a distant stat			ourly, on a substitute basi	o, any nonno						
Program Log	5						YES				
	Note: If your answer is "No	," leave the i	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist comple	te the progra	m			
	log in block 2.										
	2. LOG OF SUBSTITUTE			to line. Line obbroviations	wherever nee	aible if the					
	In General: List each subst clear. If you need more spa				wnerever pos	Sidle, if the	eir meaning is	5			
				sion program ("substitute	program") tha	t, during th	ne accounting	3			
	period, was broadcast by a										
	under certain FCC rules, re										
	Do not use general categor "NBA Basketball: 76ers vs.		vies or daske	tball. List specific program	n titles, for ex	ampie, i L	ove Lucy or				
			lcast live, entei	" "Yes." Otherwise enter "N	lo."						
	Column 3: Give the call	sign of the s	tation broadca	sting the substitute progra	m.						
				e community to which the			e FCC or, in				
	the case of Mexican or Can Column 5: Give the mon	iadian statio	ns, ii any, ine o when vour svst	em carried the substitute	orogram Use	numerals	with the mor	nth			
	first. Example: for May 7 giv		when your byo		program. 000	namerais					
	Column 6: State the time	es when the		gram was carried by your o				ely			
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be				
	stated as "6:00–6:30 p.m."	or "R" if the l	listed program	was substituted for progra	amming that v	our eveten	n was <i>require</i>	d			
	to delete under FCC rules a										
	was substituted for program	nming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulat	ions in				
	effect on October 19, 1976.		our system wa		r FCC rules a	nd regulat	ions in				
	effect on October 19, 1976.		our system wa	s permitted to delete unde	WHE	IN SUBST	TITUTE	7. REASON FOR			
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES	7. REASON FOR DELETION			
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARR	N SUBST					
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	N SUBST AGE OCO 6.	TITUTE CURRED TIMES				

Accounting Period:	2023/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC CEQUEL COMMUNICATIONS LLC 01048
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800. • 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.
	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 six-month accounting period is \$52.00.
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 155,224.69
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 155,224.69
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 233.25
	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
	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
	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) \$ 233.25
	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC		SYSTEM ID# 010487
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the c rs, and (2) the cable system's total number of activated o al number of channels on which the cable	channels during the accounting period.	3
	2. Enter the to on which th	ed television broadcast stations	19	9
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NI about this statement of account.)	EEDED (Identify 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	M Fax (optional	
O Certification	I, the undersig (Owr (Age X (Off I have examinare true, comp	in line 1 of space B and that the owner is not a corporation	kes.) r of the cable system as identified in line 1 of space B; or the duly authorized agent of the owner of the cable system as identified n or partnership; or r (if a partnership) of the legal entity identified as owner of the cable system Ity of law that all statements of fact contained herein	
			nnenbaum re on the line above to certify this statement. s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: ALAN DAN	NENBAUM	
		Title: SVP, PROGRAMMI (Title of official position held in corr		
		Date:	8/29/2023	

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

unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	010487
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 fol- lowing 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 sub- scribers 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	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
News	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2. Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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 www.copyright.gov/licensing/interest-rate.pdf. 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	
Address	
ID number	
First community served	
Accounting period	

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.

Cable Worksheet		ble rksheet	Total amount of remittance	Number of SAs rec'd			Initials		
			Date of remittance	Check	🗆 EFT	🗆 FILIN	G FEES		
Cable ID #						Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocati	on number				
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No spa	ces)		
Period		r sent	C] Information re	eceived				
		oted	C] Phone call/Da	te/Contact				
Space B Owner									
	□ Letter	rsent	□ Information received						
		oted	C	Phone call/Date/Contact					
Space D Area Served									
	□ Letter	r sent	Ľ	Information re	eceived				
		oted	Phone call/Date/Contact						
Space E Secondary Transission									
Service Subscribers:	□ Letter	r sent	C] Information re	eceived				
and Rates		oted	C	Phone call/Date/Contact					
Space G Primary Transmitters:									
Television	□ Letter	rsent	C] Information r	eceived				
		oted	C] Phone call/Da	ite/Contact				
Space H Primary Transmitters:									
Radio		oted	[] Phone call/Da	ite/Contact				

		Carriage
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
C Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
	□ Info/add'l fee received	
□ Letter sent		