This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/	I)
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 COPYRIG	Return completed workbook by email to		
for Secondary Ti Cable Systems (DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,	
General instructions are located in the first tab of this workbook.		8-29-23	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACC	COUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	Y/(Period))		

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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.
		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 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:
		VILLE PLATTE, LA
		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	020477					
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	VILLE PLATTE	LA					
Community	EVANGELINE PARISH	LA					
	МАМОU	LA					
Add Rows as Necessary							

	FOILEGAL NAME OF OWNER OF CABLE SYSTEM:									EM ID		
Name	CEQUEL COMMUNICATIONS LLC									2047		
E	SECONDARY TRANSMISSION In General: The information in s					r transmission s	ervice o	of the cable				
	system, that is, the retransmission			-	•							
Secondary	about other services (including p						nose ex	isting on the				
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						lo eveta	m broken				
scribers and	down by categories of secondary	•										
Rates	each category by counting the nu											
	separately for the particular serv											
	Rate: Give the standard rate cl unit in which it is generally billed.	-	-	•				-				
	category, but do not include disc	· · ·	,		y standart		within					
	Block 1: In the left-hand block				es of seco	ondary transmis	sion sei	vice that cable				
	systems most commonly provide											
	that applies to your system. Note categories, that person or entity			-		-						
	subscriber who pays extra for ca					0,						
	first set" and would be counted o	nce again unde	er "Servi	ice to additional	set(s)."							
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
		printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is										
	sufficient.		ngni-na		- or three	-word description		e service is				
	BLO	DCK 1					BLC	DCK 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	ERS	RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBE		RATI		
	Residential:	SOBSCIUD			UATI			GODGONIDE		IVAII		
	Service to first set		394	50.00								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		55	45.95								
	Converter											
	• Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES								
F	In General: Space F calls for rat	•	'									
F	not covered in space E, that is, the service for a single fee. There are											
Services	furnished at cost or (2) services	•					•	· /				
Other Than												
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.											
Transmissions: 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											
Nutos	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) description and include the rate for each.											
		BLO	CK 1					BLOCK	2			
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SERV	ICE	RATE	CAT	EGORY OF SER	VICE	RATE		
	Continuing Services:		Installa	ation: Non-resid	dential							
	• Pay cable	17.00		tel, hotel								
	Pay cable—add'l channel	19.00		nmercial								
	Fire protection		-	cable								
	•Burglar protection			/ cable-add'l cha	annel							
	Installation: Residential	00.00		e protection								
	First set	99.00		glar protection								
	Additional set(s) EM radio (if concrete rate)	25.00		services:		40.00						
	 FM radio (if separate rate) Converter 			connect connect		40.00						
	- Converter			connect let relocation		25.00						
				lier reiocation		25.00						
			• Max	ve to new addre	SS	99.00						

	LEGAL NAME OF OWNER O	E CARLE SYSTEM		SYSTEM				
Name				020				
	PRIMARY TRANSMITTERS:							
G Primary Insmitters: Selevision	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 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. 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: • 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 was carried <i>only</i> on a substitute basis. • List 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. 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 "WETA-2" as the same on the form. 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. 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), "N-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KADN(KLAF)-2	15.2	N	LAFAYETTE, LA				
	KADN(KLAF)-HD2	15.2	N-M	LAFAYETTE, LA				
ws as Necessary	KADN-1	15	I	LAFAYETTE, LA				
	KADN-3	15.3	I-M	LAFAYETTE, LA				
	KADN-HD1	15	I-M	LAFAYETTE, LA				
	KATC-1	3	N	LAFAYETTE, LA				
	KATC-2	3.2	I-M	LAFAYETTE, LA				
		•••••••••••••••••••••••••••••••••••••••		•••••••				
	KATC-3	3.3	I-M	LAFAYETTE, LA				
	KATC-3 KATC-HD1	3.3	I-M N-M	LAFAYETTE, LA				
	KATC-HD1	3		LAFAYETTE, LA				
	KATC-HD1 KDCG-1	3 22	N-M I	LAFAYETTE, LA OPELOUSAS, LA LAFAYETTE, LA				
	KATC-HD1 KDCG-1 KLFY-1	3 22 10	N-M I N	LAFAYETTE, LA OPELOUSAS, LA				
	KATC-HD1 KDCG-1 KLFY-1 KLFY-HD1	3 22 10 10	N-M I N N-M	LAFAYETTE, LA OPELOUSAS, LA LAFAYETTE, LA LAFAYETTE, LA				
	KATC-HD1 KDCG-1 KLFY-1 KLFY-HD1 KLPB-1	3 22 10 10 24	N-M I N N-M	LAFAYETTE, LA OPELOUSAS, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA				
	KATC-HD1 KDCG-1 KLFY-1 KLFY-HD1 KLPB-1	3 22 10 10 24	N-M I N N-M	LAFAYETTE, LA OPELOUSAS, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA				
	KATC-HD1 KDCG-1 KLFY-1 KLFY-HD1 KLPB-1	3 22 10 10 24	N-M I N N-M	LAFAYETTE, LA OPELOUSAS, LA LAFAYETTE, LA LAFAYETTE, LA LAFAYETTE, LA				

LEGAL NAME OF	OWNER OF O	CABLE S	YSTEM:					SYSTEM II
CEQUEL CO	MMUNICA	TIONS	LLC					0204
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si	it is carried by nonitoring, to rmation abou m. lentify the call tate whether t	y the sys be receiv t the Cop sign of e	I-Band FM Carriage: Under (tem whenever it is received al ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically process	the system's hea system's FM anter is point, see page	adend, and (2) nna, during ce e (v) of the ge) it can b ertain sta neral ins	e expected, ted intervals. tructions in the.	Primary Transmitters Radio
gnal, indicate t Column 4: G	his by placing ive the statior	a check n's locatio	x mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						<u> </u>		
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Accounting Perio	d: 2023/1						FO	RM SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNIC	ATIONS LL	_C					020477			
	SUBSTITUTE CARRIAG	E: SPECIAL	L STATEMEN	T AND PROGRAM LOO	3						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting pe				sis anv nonne	twork telev	vision progra	ım			
Statement and	broadcast by a distant sta			oa,, on a casonato sa	,,			×NO			
Program Log							YES				
	Note: If your answer is "No	o," leave the i	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	am			
	log in block 2.										
	2. LOG OF SUBSTITUTI			to line. Line obbroviations	whorever per	aibla if the	oir mooning	ia			
	In General: List each subs clear. If you need more spa				wherever pos		en meaning	15			
				sion program ("substitute	program") tha	it, during th	ne accountir	ng			
	period, was broadcast by a										
	under certain FCC rules, re Do not use general catego										
	"NBA Basketball: 76ers vs.	. Bulls."		"Yes." Otherwise enter "			OVE Eddy O				
				sting the substitute progr							
				e community to which the			e FCC or, ir	ו			
	the case of Mexican or Car			community with which the em carried the substitute			with the m	onth			
	first. Example: for May 7 gi		when your syst		piogram. Use	Tiumerais	, with the fire	Jinin			
	Column 6: State the tim	nes when the		gram was carried by your				tely			
	to the nearest five minutes		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."					our ovetor	a waa raquir	red			
	Column 7: Enter the lett	ter "R" if the I	listed program	was substituted for progr	ammind that v						
	Column 7: Enter the lett to delete under FCC rules										
	to delete under FCC rules a was substituted for program	and regulatio mming that ye	ons in effect du	ring the accounting perio	d; enter the let	ter "P" if th	e listed prog				
	to delete under FCC rules	and regulatio mming that ye	ons in effect du	ring the accounting perio	d; enter the let	ter "P" if th	e listed prog				
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatio mming that yo).	ons in effect du	ring the accounting perio s permitted to delete und	d; enter the let er FCC rules a	ter "P" if th	e listed prog ions in	gram 7. REASON FOR			
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatio mming that yo).	ons in effect du our system wa	ring the accounting perio s permitted to delete und	d; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th and regulat EN SUBST IAGE OCC	e listed prog ions in	gram			
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatio mming that yes SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting perio s permitted to delete und	d; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th and regulat EN SUBST IAGE OCC	e listed prog ions in TITUTE CURRED TIMES	gram 7. REASON FOR			
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatio mming that yes SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting perio s permitted to delete und	d; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th and regulat EN SUBST IAGE OCC	e listed prog ions in TITUTE CURRED TIMES	gram 7. REASON FOR			
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatio mming that yes SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting perio s permitted to delete und	d; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th and regulat EN SUBST IAGE OCC	e listed prog ions in TITUTE CURRED TIMES	gram 7. REASON FOR			
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatio mming that yes SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting perio s permitted to delete und	d; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th and regulat EN SUBST IAGE OCC	e listed prog ions in TITUTE CURRED TIMES	gram 7. REASON FOR			
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatio mming that yes SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting perio s permitted to delete und	d; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th and regulat EN SUBST IAGE OCC	e listed prog ions in TITUTE CURRED TIMES	gram 7. REASON FOR			
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Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 020477
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	service
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 \$263,80 • 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.	0.
	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- accounting period is \$52.00.	-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 \$137,100)	
	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) \$ 1,31	9.00
	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	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)	5.00
	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 Cop See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC			SYSTEM ID# 020477
M Channels	to its subscrib 1. Enter the to	ers, and (2) the cable system's total nut	nels on which the cable system carried mber of activated channels during the a able	accounting period.	14
	on which th	al number of activated channels e cable system carried television broad adcast services	dcast stations		176
N Individual to Be Contacted		O BE CONTACTED IF FURTHER IN t about this statement of account.)	FORMATION IS NEEDED (Identify an i	ndividual	
for Further Information	Name	RODNEY HASKINS		Telephone (903)	579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or s TYLER, TX 75701 (City, town, state, zip)	suite number)		
	Email	RODNEY.HASKINS@	ALTICEUSA.COM	Fax (optional	
O Certification	I, the undersig (Owr (Age X (Off I have examinare true, comp	ed, hereby certify that (Check one, <i>but</i> of er other than corporation or partners at of owner other than corporation or in line 1 of space B and that the owner cer or partner) I am an officer (if a corp in line 1 of space B. d the statement of account and hereby of	hip) I am the owner of the cable system a partnership) I am the duly authorized ag	as identified in line 1 of space B; or gent of the owner of the cable system a the legal entity identified as owner of the ments of fact contained herein	
			/s/ Alan Dannenbaum n electronic signature on the line above to ignature using an "/s/ signature" (e.g., /s/.	-	
l		Typed or printed name:			
l			PROGRAMMING ial position held in corporation or partnership)		
		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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	020477
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	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	-
Name Mailing Address	-
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 Interest Assessment
Line 1 Enter the amount of late payment or underpayment	_
X	-
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 \$ -	
(interest charge)	-
* 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	
ID number	
ID number First community served	

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C	Cal Wol	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/Da	te/Contact			
Space D Area Served								
	□ Letter	r sent	Ľ	Information re	eceived			
		oted	C] Phone call/Da	te/Contact			
Space E Secondary Transission								
Service Subscribers:	□ Letter	r sent	Information received					
and Rates		oted	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		