This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/	1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEME	NT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to	
	y Transmissions by ns (Short Form)	DATE RECEIVED	AMOUNT Ś	<u>coplicsoa@copyright.gov</u> For additional information,
	tions are located of this workbook.	8-29-23	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YYY	Y/(Period))	

	2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
	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)
	(Valide), see, foar foae, apartment, of some number) TYLER, TX 75701
	(City, town, state, zip)
	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these les 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:
	GRAYSON, KY
	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.

CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includir 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 community." Please use it as the first community on all future filings.	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includin 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 community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be city. First CITY OR TOWN STATE GRAYSON KY BOYD COUNTY KY CARTER COUNTY KY	Name	CEQUEL COMMUNICATIONS LLC	035342						
First GRAYSON KY Community BOYD COUNTY KY CARTER COUNTY KY	D Area	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							
Community BOYD COUNTY KY CARTER COUNTY KY	_								
CARTER COUNTY KY									
	Community								
		CARTER COUNT							
	nows as necessary								
	ï								
	Ï								
	l.								
	ï								
	l.								

	FOILEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC									EM ID 3534		
Е	SECONDARY TRANSMISSION In General: The information in s					transmission s	ervice c	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 (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	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 stanuart		vviti iii i					
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categorie		•						
	systems most commonly provide											
	that applies to your system. Note categories, that person or entity			-		-						
	subscriber who pays extra for ca						•					
	first set" and would be counted o	nce again unde	er "Servi	ce 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 a											
	sufficient.		, nghi ng			word description						
	BLO	DCK 1					BLC	OCK 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBE	RS F	RATI		
	Residential:	000001100										
	Service to first set		429	50.00								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		35	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES								
F	In General: Space F calls for rat				pect to all	your cable syst	em's se	ervices that were				
F	not covered in space E, that is, t											
Services	service for a single fee. There ar 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.											
Nates	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	ORY OF SERV	ICE	RATE	CAT	EGORY OF SERV	/ICE F	RATE		
	Continuing Services:		Installa	tion: Non-resid	dential							
	• Pay cable	17.00		el, hotel								
	• Pay cable—add'l channel	19.00		nmercial								
	Fire protection			cable								
	•Burglar protection			cable-add'l cha	annel							
	Installation: Residential			protection								
	First set	99.00		glar protection								
	Additional set(s) EM radio (if separate rate)	25.00		services: connect		40.00						
	 FM radio (if separate rate) Converter 			connect		40.00						
	- Converter			connect let relocation		25.00						
				IEL TEIOCALION		25.00						
			• Mov	e to new addre	SS	99.00						

-	2023/1			FORM SA1-2E. PA				
me	LEGAL NAME OF OWNER C			SYSTEM 0353				
	CEQUEL COMMUNICATIONS LLC							
hary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations 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 informatii 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 eacl educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including the m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. :: With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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 pro d with a station according to its over-the- the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. o case whether the station is a network s ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t	(1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta rried by your cable system on a sul e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educatio stions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the				
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION							
	WCHS-1	8	N	CHARLESTON, WV				
	WCHS-2	8.2	I-M	CHARLESTON, WV				
Necessary	WCHS-HD1	8	N-M	CHARLESTON, WV				
	WCHS-HD2	8.2	I-M	CHARLESTON, WV				
	WKMR-1	38	E	MOREHEAD, KY				
	WKYT-1	27	N	LEXINGTON, KY				
	WLPX-1	29	I	CHARLESTON, WV				
	WLPX-1 WLPX-HD1	29 29	l I-M					
			l I-M N	CHARLESTON, WV				
	WLPX-HD1	29		CHARLESTON, WV CHARLESTON, WV				
	WLPX-HD1 WOWK-1	29 13	N	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV				
	WLPX-HD1 WOWK-1 WOWK-2	29 13 13.2	N I-M	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3	29 13 13.2 13.3	N I-M I-M	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1	29 13 13.2 13.3 13	N I-M I-M	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1 WQCW-1	29 13 13.2 13.3 13.3 13 30	N I-M I-M N-M I	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1 WQCW-1 WQCW-2	29 13 13.2 13.3 13.3 13 30 30.2	N I-M I-M N-M I I	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1	29 13 13.2 13.3 13.3 13 30 30.2 30	N I-M I-M N-M I I-M I-M	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1	29 13 13.2 13.3 13.3 13 30 30.2 30 30 30 30 30 30	N I-M I-M I I I-M I-M I-M N	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2	29 13 13.2 13.3 13.3 13 30 30.2 30 30 3 3.2 3.2	N I-M I-M N-M I I-M I-M N N N-M	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3	29 13 13.2 13.3 13.3 13 30 30.2 30 30.2 30 3.2 3.2 3.3	N I-M I-M I I I I-M I-M N N N-M N-M	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	29 13 13.2 13.3 13.3 13 30 30.2 30 30.2 30 30 30 30 30 30 30 30 30 30	N I-M I-M I I I I-M I-M N N N-M N-M	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV				
	WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-3	29 13 13.2 13.3 13.3 13 30 30.2 30 30.2 30 30 30 30 30 30 30 30 30 30	N I-M I-M I I I I-M I-M N N N-M N-M	CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV				

CEQUEL CO								SYSTEM II 0353
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab				ied on an	Н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing vive the statior	/ the sys be receivent t the Copen- sign of e he station ion's sign a check n's location	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the s oyright Office regulations on the each station carried. In is AM or FM. hal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	It the system's system's FM and his point, see p and by the cable ne station is lice	headend, and (ź ntenna, during c age (v) of the g e system as a se ensed by the FC	2) it can b ertain sta eneral ins eparate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
			-		, 			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIG	N AM or FM	S/D	LOCATION OF STATION	
						-		
						-		

	d: 2023/1						FOR	M SA1-2E. PAGE 5.	
N	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	.C					035342	
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on 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	-			5		1 1		
Special	During the accounting per	-			s any nonnet	twork telev	vision program	n	
Statement and Program Log	broadcast by a distant stat				o, any normo			×NO	
Program Log	, ,						YES		
	Note: If your answer is "No	," leave the	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		MS						
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir meaning is	\$	
	clear. If you need more spa						si meanig i	-	
				sion program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
		n was broad		r "Yes." Otherwise enter "N					
				sting the substitute progra to community to which the		need by th	e ECC or in		
	the case of Mexican or Can								
	Column 5: Give the mon	ith and day	when your syst	tem carried the substitute	orogram. Use	numerals	, with the mo	nth	
	first. Example: for May 7 giv		aubatituta pro	grom was corried by your	abla avatam	list the ti	moo oogurata	.h.c	
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:				ay any	
	stated as "6:00–6:30 p.m."					•			
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra					
	was substituted for program							am	
	effect on October 19, 1976.					0			
	WHEN SUBSTITUTE								
	s		E PROGRAM					7. REASON FOR	
	S	UBSTITUT 2. LIVE?	E PROGRAM		5. MONTH	AGE OCO 6.	CURRED TIMES	7. REASON FOR DELETION	
		UBSTITUT	1	4. STATION'S LOCATION	CARR	AGE OC	CURRED		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES		

Accounting Period:	2023/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II CEQUEL COMMUNICATIONS LLC 03534
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
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 245,307.09
	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 \$ 1,134.07
	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) \$ 1,319.00
	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) \$ 1,134.07
	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,154.07
	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		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC			SYSTEM ID# 035342				
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels rs, and (2) the cable system's total numb al number of channels on which the cable ed television broadcast stations	er of activated channels during the a	accounting period.	23				
	2. Enter the to on which th	al number of activated channels e cable system carried television broadcas adcast services	st stations		209				
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFOR t about this statement of account.)	RMATION 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 suite TYLER, TX 75701 (City, town, state, zip)	number)						
	Email	RODNEY.HASKINS@AL	FICEUSA.COM	Fax (optional					
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 								
		Enter an el	/s/ Alan Dannenbaum ectronic signature on the line above to ture using an "/s/ signature" (e.g., /s/ J						
		Typed or printed name:	ALAN DANNENBAUM						
			ROGRAMMING osition 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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
UEL COMMUNICATIONS LLC	035342
 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 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	

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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	r sent	□ Information received					
		oted	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	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		