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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

email to
coplicsoa@copyright.gov
For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
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. 040676
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	<u> </u>	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	
		DELTA CORRECTIONAL FACILITY CNTR MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CADLE STSTEM.
	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:	FORM SA1-2E. PAGE 1 SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	040670
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rules d communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	
First	CITY OR TOWN DELTA	STATE CO
Community	(DELTA CORR CNTR)	
-		
Add Rows as Necessary		

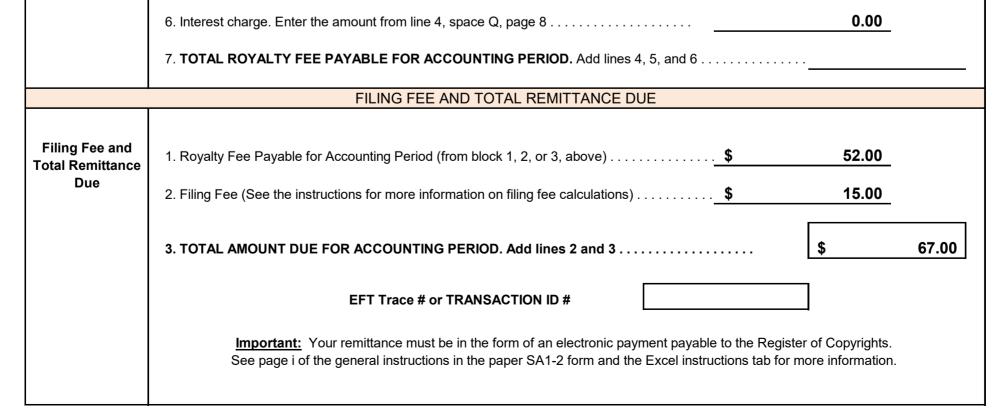
								FORM SA1		
Name	LEGAL NAME OF OWNER OF C									
	CEQUEL COMMUNICAT			04067						
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES					
E	In General: The information in space E should cover all categories of secondary transmission									
0	system, that is, the retransmission of television and radio broadcasts by your system to subscril about other services (including pay cable) in space F, not here. All the facts you state must be t									
Secondary Transmission	last day of the accounting period						nose existi	ng on the		
Service: Sub-	Number of Subscribers: Both						ole system.	broken		
scribers and	down by categories of secondar	y transmission	service	. In general, yo	u can com	pute the numbe	r of subscr	ibers in		
Rates	each category by counting the n							charged		
	separately for the particular serv Rate: Give the standard rate c							e and the		
	unit in which it is generally billed	-	-	-			-			
	category, but do not include disc				iny standa		, within a b			
	Block 1: In the left-hand block	in space E, the	e form l	ists the catego						
	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 of									
	Block 2: If your cable system	has rate catego	ries for	secondary tra	nsmission					
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	e right-h	nand block. A tv	vo- or thre	e-word descripti	on of the s	ervice is		
		OCK 1					BLOCK	(2		
		NO. OF SUBSCRIBE		RATE	CAT			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	-85	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Service to first set		0	_						
	Service to additional set(s)		•	_						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		29	42.41						
	Converter		LJ	42.41						
	Residential									
	Non-residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6					
F	In General: Space F calls for rat		,		•					
F	not covered in space E, that is, t									
Services	service for a single fee. There an furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-				
ransmissions:	Block 1: Give the standard rat							ware not		
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) description and include the rate for each.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	-	• Mo	tel, hotel						
	Pay cable—add'l channel	-	• Co	mmercial						
	Fire protection		• Pa	y cable						
	•Burglar protection			, y cable-add'l cl	nannel					
	Installation: Residential			e protection						
	• First set	-		rglar protection						
	 Additional set(s) 	-		services:						
	• FM radio (if separate rate)			connect		-				
	• Converter			sconnect						
				tlet relocation		_				
			<u> </u>						L	
			• Mo	ve to new addr	222	_				

me	LEGAL NAME OF OWNER (SYSTEM I
				0406
hary hitters: ision	PRIMARY TRANSMITTERS: In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station here, station was carried only o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, V Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these	: TELEVISION dentify every television station (including tem during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. ns : With respect to any distant stations can rules, regulations, or authorizations: ere in space G—but do list it in space I (th on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the in the form. nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (t), "E" (for noncommercial educational), of terms, see page (iv) of the general instru-	(1) stations carried only on a part- ne carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and all see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form.	television stations) -time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast).
		ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	-	-
		12	F	
	KBDI-1 KCEC-1	<u>12</u> 50	E	BROOMFIELD, CO
	KCEC-1	50	I	DENVER, CO
cessary	KCEC-1 KCNC-1	<u> </u>	E I N I	DENVER, CO DENVER, CO
essary	KCEC-1 KCNC-1 KDVR-1	50 4 31	 	DENVER, CO DENVER, CO DENVER, CO
essary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
cessary	KCEC-1 KCNC-1 KDVR-1	50 4 31	 	DENVER, CO DENVER, CO DENVER, CO
ecessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
lecessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Vecessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	50 4 31 7	 	DENVER, CO DENVER, CO DENVER, CO DENVER, CO

LEGAL NAME O								SYSTEM I 0406
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
Feceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing	y the sys be rece it the Cc I sign of the station's sig g a chec	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces ek mark in the "S/D" column. tion (the community to which t	at the system's h system's FM an this point, see p ssed by the cable	neadend, and (atenna, during age (v) of the g e system as a s	(2) it car certain s general separate	a be expected, stated intervals. instructions in the.	Primary Transmitters Radio
			the community with which the		•	000,1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						_	*	

Accounting Perio	FORM SA1-2E. PAGE								
Nomo	LEGAL NAME OF OWNER OF						SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LI	LC				040676		
	SUBSTITUTE CARRIAGE								
•	In General: In space I, ident	• •							
Substitute	•	<i>ubstitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further xplanation 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				0				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork television program	1		
Statement and Program Log	broadcast by a distant sta		2			YES	× NO		
Program Log	Note: If your answer is "No		reat of this neg	o blonk. If your onewer is '	"Voc." vou mi				
	-	leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the program	п		
	log in block 2. 2. LOG OF SUBSTITUTE		MS						
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning is			
	clear. If you need more spa					-			
	Column 1: Give the title period, was broadcast by a	•		sion program ("substitute					
	under certain FCC rules, re								
	Do not use general categor	es like "mo							
	"NBA Basketball: 76ers vs.		lesst live seter	"Vee " Otherwise enter "N	lo."				
				⁻ "Yes." Otherwise enter "N sting the substitute progra					
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice				
	the case of Mexican or Can						41-		
	first. Example: for May 7 give	•	when your syst	em carried the substitute	program. Use	numerals, with the mor	ITN		
			e substitute prog	gram was carried by your	cable system.	List the times accurate	ly		
	to the nearest five minutes.	Example: a	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."	er "R" if the	listed program	was substituted for progra	amming that v	our system was <i>require</i>	d		
	to delete under FCC rules a								
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in			
	effect on October 19, 1976.								
					WHE	N SUBSTITUTE			
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCURRED	7. REASON FOR		
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
						_			
						_			
					·		·		
						_			
					1				
						_			
]							
					·				

Name CEQUEL COMMUNICATIONS LLC 04067 K Gross Receipts General page (w) of the general instructions to the system by subcriters for the system's secondary transmission service (selectified in space 1) during the accounting period. \$7,494.38 Copyright Roysby Free COPYRIGHT ROYALTY FEE Instructions: 100 compute the statement in space P concerning gross receipts. \$7,494.38 Logaritht Roysby Free COPYRIGHT ROYALTY FEE Instructions: 100 compute the statement in space P concerning gross receipts. \$7,494.38 Logaritht Roysby Free COPYRIGHT ROYALTY FEE Instructions: 100 compute the statement in space K is \$137,100 or less. \$2,000 compute the system compute the system instructions in space K is more than \$137,100 but less than or equal to \$263,800. Less block 31 the annoul of gross receipts in space K is \$137,100 or less. ElsOK 1: GROSS RECEIPTS OF \$137,100 or less. Instructions: As a cable system with gross receipts in space K is \$137,100 but less than or equal to \$263,800. Sec 30,000 Line 1. Royalty fee for accounting period \$ 52,00 Line 1. Royalty fee for accounting period \$ 52,00 Instructions: As a cable system with gross receipts in space K. \$ 263,800.00 \$ 52,00 Line 1. Royalty fee for accounting period \$ 262,00 Line 1. Royalty fee the accounting period \$ 263,800.00 S 263,800.00 Line 1. Royalty	Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Kross Instructions: The figure you give in this space determines the form you file and the amount you py: Enter the total of all anounts (gross receipts for secondary system by subscribers for the system's secondary transmission service (as identified in space 5) during the accounting period. Form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Image: State (State State Sta	Name		SYSTEM ID# 040676
L Instructions: To compute the royality fee you ove: Copyright • Complete block 1, block 2, or block 3. • Use block 11 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 \$263,800 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 5527,600. See page (vi) of the general instructions located in the page 5X12 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 royally fee that you must pay for this six-month accounting period is \$252.00. Line 1. Royalty fee for accounting period \$252.00 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$252.00 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		Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see 7,494.36
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 \$ 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 1. Base amount of gross receipts from space K		 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. 	3263,800.
accounting period is \$52.00. 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		BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
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			his six-month
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		Line 1. Royalty fee for accounting period	\$ 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		Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	··· <u>\$ 52.00</u>
2. Enter amount of gross receipts from space K		BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	,100)
3. Subtract line 2 from line 1		1. Base amount under statutory formula	_
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)			
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 3. Subtract line 2 from line 1 4. Multiply line 3 by .01		8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01		9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)
3. Subtract line 2 from line 1		1. Enter the amount of gross receipts from space K	_
4. Multiply line 3 by .01		2. Base amount under statutory formula \$ 263,800.00	_
			_
		 4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 	1,319.00



Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040676
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	6 25
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone (903) Address 3027 S SE LOOP 323	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	 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 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 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)] 	
	X /s/ Alan Dannenbaum Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title or official position held in corporation or partnership)	

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.

	2023/1	FORM SA1-2E. PAG
	NER OF CABLE SYSTEM:	SYSTEM
QUEL COMM	UNICATIONS LLC	0406
The Satellite He lowing sentenc "In dete service scribers	rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros Receipts Exclusio
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	
made by satelli	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
YES. Enter	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST A	ASSESSMENT	
	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
		• • • •
Line 1 Enter ti	ne amount of late payment or underpayment	Interest Assessm
Line 1 Enter tl	he amount of late payment or underpayment	Interest Assessm
	x	Interest Assessm
	w line 1 by the interest rate* and enter the sum here	Interest Assessm
	x	Interest Assessm
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	y line 1 by the interest rate* and enter the sum here	Interest Assessm
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Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you and list below the of Owner Address	y line 1 by the interest rate* and enter the sum here	Interest Assessme

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.

C	Cable Worksheet	Total amount of remittance	Number	r of SAs rec'd	I	nitials
		Date of remittance	Check	EFT	🗌 FILI	NG FEES
Cable ID #					Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation nu	umber		
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period	d) or /2 (for Jul-De	c period) No spa	ces)
Period	Letter sent	[Information receive	ed		
		[Phone call/Date/Co	ontact		
Space B Owner						
	Letter sent	[Information receive	ed		
	Accepted	[Phone call/Date/Co	ontact		
Space D Area Served						
	Letter sent	[Information receive	ed		
	Accepted	[Phone call/Date/Co	ontact		
Space E Secondary Transission						
Service Subscribers:	Letter sent	[Information receive	ed		
and Rates	Accepted	[Phone call/Date/Co	ontact		
Space G Primary Transmitters:						
Television	Letter sent	l	Information receive	ed		
	Accepted		Phone call/Date/Co	ontact		
Space H Primary Transmitters:						
Radio	Accepted		Phone call/Date/Co	ontact		

		Space I Substitute 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	
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
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	