This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

			Return completed workbook by	
ENT OF ACCOUNT	FOR COPYRI	GHT OFFICE USE ONLY	email to	
ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
		\$	For additional information, contact the U.S. Copyright Office Licensing Division at	
of this workbook.	8-29-23	ALLOCATION NUMBER	(202) 707-8150.	
ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
2023	1 Barcode Data Filing Period (optiona	I - see instructions)		
÷		liary of another corporation, give the full corpora	te title of the	
List any other name or names under which	ch the owner conducts the business of th	ne cable system.		
÷	<b>.</b>		it a single	
Check here if this is the system's first filir	g. If not, enter the system's ID number a	assigned by the Licensing Division.	004537	
	ACCOUNTING PERIOD COVERED          2023/1         2023/1         2023         Instructions:         Give the full legal name of the owner of the subsidiary, not that of the parent corpora         List any other name or names under white if there were different owners during the statement of account and royalty fee pay	Instructions:       Give the full legal name of the owner of the cable system. If the owner is a subsidiary, not that of the parent corporation.         List any other name or names under which the owner conducts the business of the system of account and royalty fee payment covering the entire accounting period.	ary Transmissions by ems (Short Form)       DATE RECEIVED       AMOUNT         inctions are located of this workbook.       \$       ALLOCATION NUMBER         ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	004537
		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)	
		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	Ι	PARIS, AR	
		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.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004537
D Area Served	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	communities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	PARIS	AR
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C								SA1-2E.									
Name								•	-	453								
	CEQUEL COMMUNICATIONS LLC																	
Е	SECONDARY TRANSMISSION		-		-													
E	In General: The information in s																	
Secondary	system, that is, the retransmission about other services (including p																	
Transmission								ig on the										
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 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																	
Rates	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. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate																	
					standar	d rate variations	within a p	articular rate										
	category, but do not include disc Block 1: In the left-hand block				s of seco	ndary transmiss	sion servic	e that cable										
	systems most commonly provide	•		•														
	that applies to your system. Note	e: Where an inc	dividual o	r organization i	s receivir	ng service that fa	alls under	different										
	categories, that person or entity																	
	subscriber who pays extra for ca					in the count und	ler "Servic	e to the										
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those										
	printed in block 1 (for example, ti	0																
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A two	- or three	e-word description	on of the s	ervice is										
	sufficient.			BLOC	()													
		OCK 1 NO. OF						NO. OF										
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBE	rs F	RAT								
	Residential:																	
	Service to first set		72	50.00														
	Service to additional set(s)																	
	• FM radio (if separate rate)																	
	Motel, hotel		40	45.05														
	Commercial Converter		13	45.95														
				·····														
	Residential     Non-residential			·····														
	• Non-residential																	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES														
-	In General: Space F calls for rat				ect to all	l your cable syst	em's servi	ces 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		,	0			0()											
Other Than	amount of the charge and the un																	
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		<b>3</b> ,										
	Block 1: Give the standard rat							wara nat										
ransmissions:		veur eeble eve		ished or offered	during at t		enoù that											
Rates	Block 2: List any services that	• •			-	• •	ices in the	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.										
	<b>Block 2:</b> List any services that listed in block 1 and for which a s	separate charg	e was ma	ade or establish	-	• •	ices in the	IOTTI OF A										
	<b>Block 2:</b> List any services that listed in block 1 and for which a s	separate chargotion and includ	e was ma e the rate	ade or establish	-	• •	ices in the		2									
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	separate charg ption and includ BLO	e was ma e the rate CK 1	ade or establish e for each.	ied. List t	hese other serv		BLOCK		RAT								
	<b>Block 2:</b> List any services that listed in block 1 and for which a s	separate charg otion and includ BLO	e was ma e the rate CK 1 CATEG	ade or establish	ied. List t	• •				RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg ption and includ BLO	e was ma e the rate CK 1 CATEG Installat	ade or establish e for each. ORY OF SERV	ied. List t	hese other serv		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg ption and includ BLO	e was ma e the rate CK 1 CATEG Installat • Mote	ade or establish e for each. ORY OF SERV tion: Non-resid	ied. List t	hese other serv		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and includ BLO	e was ma e the rate CK 1 CATEG Installat • Mote	ade or establish e for each. ORY OF SERV tion: Non-resid el, hotel umercial	ied. List t	hese other serv		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg ption and includ BLO	e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay	ade or establish e for each. ORY OF SERV tion: Non-resid el, hotel umercial	ICE	hese other serv		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	separate charg ption and includ BLO	e was ma e the rate CK 1 CATEGO Installat • Mote • Corr • Pay • Pay	ade or establish e for each. ORY OF SERV tion: Non-resid el, hotel umercial cable	ICE	hese other serv		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate charg ption and includ BLO	e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	ade or establish e for each. ORY OF SERV tion: Non-resid el, hotel mercial cable cable	ICE	hese other serv		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	separate charg otion and includ BLO RATE 99.00	e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	ade or establish e for each. ORY OF SERV tion: Non-resid el, hotel mercial cable cable-add'l cha protection glar protection	ICE	hese other serv		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg otion and includ BLO RATE 99.00	e was ma e the rate CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s	ade or establish e for each. ORY OF SERV tion: Non-resid el, hotel mercial cable cable-add'l cha protection glar protection	ICE	hese other serv		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg otion and includ BLO RATE 99.00	e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other s • Rec	ade or establish e for each. ORY OF SERV tion: Non-resid el, hotel mercial cable cable-add'I cha protection glar protection ervices:	ICE	RATE		BLOCK		RAT								
	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg otion and includ BLO RATE 99.00	e was ma e the rate CK 1 CATEGI Installat • Mote • Corr • Pay • Fire • Burg Other s • Recu • Disc	ade or establish e for each. ORY OF SERV tion: Non-resid el, hotel umercial cable cable-add'l cha protection glar protection ervices: onnect	ICE	RATE		BLOCK		RAT								

Name	LEGAL NAME OF OWNER (			
				SYSTEM ID: 00453
	CEQUEL COMMUNIC			00455
G smitters: evision	In General: In space G, id 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 informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr 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	entify every television station (including tra- em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61( as explained in the next paragraph. <b>s:</b> With respect to any distant stations car- ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried to on concerning substitute basis stations, so on'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-tic carriage of certain network progra e)(2) and (4))]; and (2) certain stat ried by your cable system on a suf Special Statement and Program I both on a substitute basis and also ep page (v) of the general instructi gram services such as HBO, ESF ir designation. For example, repor- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep E-M" (for noncommercial educatio ions 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 p 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
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	4. LOCATION OF STATION	
	KAFT-1	13	E	FAYETTEVILLE, AR
	KFSM-1	5	N	FORT SMITH, AR
lecessary	KFTA-1	24	I	FORT SMITH, AR
	KHBS-1	40	N	FORT SMITH, AR
	KHBS-2	40.2	I-M	FORT SMITH, AR
	KNWA-1	51	Ν	ROGERS, AR
	KXNW-1	25	<u> </u>	EUREKA SPRINGS, AR

	F OWNER OF C								SYSTEM I 0045
n General: Lis		tation ca	rried on a separate and disc nerally receivable by your cat					ied on an	н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 11 ignal, indicate Column 4: 0	) it is carried by monitoring, to ormation abou mm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be receivent t the Cop sign of e he statio ion's sign g a check n's locatio	<b>Band FM Carriage:</b> Under tem whenever it is received a ved at the headend, with the byright Office regulations on t each station carried. In 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 sy thi se he	the system's hea rstem'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 sep ed by the FCC	) it can b rtain sta neral ins parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				_					
				-					
				_					
				-					
				-					
				-					
				-					
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	+			1					
				-				+	
				-	 				

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C					004537		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG						
	In General: In space I, identi				a <i>distant</i> statio	on, that you	r cable svster	n carried on a		
	substitute basis during the ad	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further		
Substitute	explanation of the programm				e general instr	uctions in th	ne paper SA1	-2 form.		
Carriage: Special		. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and										
Program Log	broadcast by a distant stati	on?				L	YES	X NO		
	Note: If your answer is "No.	" leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust comple	te the progra	am		
	log in block 2.									
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice obbroviations	whorever po	ssible if the	oir mooning	ic		
	clear. If you need more spa				wherever po		en meaning	15		
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute	program") th	at, during th	he accountin	g		
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	ies like "mo	vies" or "baske	etball." List specific program	n titles, for ex	ample, "I L	ove Lucy" o	r		
	"NBA Basketball: 76ers vs.	Bulls."								
	Column 2: If the program	n was broad sign of the s	station broadca	r "Yes." Otherwise enter "N asting the substitute progra	NO." am					
	Column 4: Give the broa	dcast statio	on's location (th	ne community to which the	station is lice		e FCC or, in	1		
	the case of Mexican or Can									
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	e numerais	, with the mo	onth		
	Column 6: State the time	es when the	e substitute pro	gram was carried by your	cable system	. List the tir	mes accurate	ely		
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m.	should be			
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that v	vour svsten	n was <i>requir</i> e	ed		
	to delete under FCC rules a	and regulation	ons in effect du	iring the accounting period	l; enter the le	tter "P" if th	ne listed prog			
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	and regulat	ions in			
								1		
						N SUBST				
			E PROGRAM		5. MONTH	AGE OCC		7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							_			
							_			
								·		
							<u> </u>			
							_			
							_			
							_			
							_			
							_			

Accounting Period:	2023/1 FORM SA1	-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY CEQUEL COMMUNICATIONS LLC	STEM ID# 004537
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.	<b>231.15</b> s 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	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	
	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	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) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of 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																FO	RM SA1-2	2E. PAGE 7
Name	LEGAL NAME OF OWNER ( CEQUEL COMMUNIC)																	SYS	STEM ID: 004537
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must to its subscribers, and (</li> <li>1. Enter the total number system carried televis</li> <li>2. Enter the total number on which the cable sy and nonbroadcast se</li> </ul>	2) the cable system's or of channels on whi sion broadcast station or of activated channistem carried televisi	total nur ch the ca ns els on broad	umbe able 	ble ble 	activat 	ed cha	annels .	during t	the acc	countii	ng perio	νd.	tions			7		
N Individual to Be Contacted	INDIVIDUAL TO BE CO			IFOF	ORMA		S NEE	DED (I	dentify	an indi	lividua	I							
for Further Information	Name ROD	NEY HASKINS											Teleph	none (	903) 5	79-31	52		
	(Numbe	S SE LOOP 32: , street, rural route, apar <b>R, TX 75701</b> vn, state, zip)		suite	ite numl	er)													
	Email	RODNEY.HAS	KINS@/	AL	LTICE	USA.(	СОМ				Fax	(optiona	1						
<b>O</b> Certification	(Agent of own in line 1	y certify that (Check of han corporation or p er other than corpora of space B and that th tner) I am an officer ( of space B. ement of account and porrect to the best of m	ne, <i>but on</i> artnershi ation or p e owner is if a corpor	hip) parti is no oratio	y one, o) I am artners not a c ation) o	of the b the owr <b>hip)</b> I an orporati der pen	oxes.) ner of t m the c ion or p ner (if a nalty of	he cabl duly aut partners a partne law tha	e syster horized ship; or ership) c t all stat	m as id agent o of the le	dentifie of the egal er ts of fa	d in line owner o ntity iden ct contai	1 of spac f the cabl	ce B; or le syste	em as ide		em		
			X Enter ar Enter sig	an ele	electro	nic sign	ature c		ne abov			nis stater th)	nent.						
		Typed or printed	l name:		AL/	N DA	ANNE	NBA	UM										
		Title:	SVP, tle of officia						artnersh	nip)									
		Date:									8	8/29/202	3						

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	00453
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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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.

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'	d Initials
		Date of remittance	Check EFT	FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A		(enter four digit year and	l /1 (for Jan-Jun period) or /2 (for Ju	l-Dec period) No spaces)
Accounting Period	Letter sent		Information received	
	Accepted	[	Phone call/Date/Contact	
Space B Owner				
	Letter sent	[	Information received	
	Accepted	[	Phone call/Date/Contact	
Space D Area Served				
	Letter sent	[	Information received	
	Accepted	[	Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent	[	Information received	
and Rates	Accepted	[	Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	Accepted		Phone call/Date/Contact	

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 Fees
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	