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.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8-29-2023	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

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		20231
Period		
		Instructions:
В		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		IDENTIFICATION OF CABLE SYSTEM:
		KINGMAN AZ PRISON
		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.

Accounting Period:	2023/1							
a constant	, _	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	062658						
	Instructions: List each separate community served by the cable system. A "communit							
	"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.							
Al Ca	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	GOLDEN VALLEY	AZ						
Community	(KINGMAN AZ PRISON)							
Add Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

_	d: 2023/1							FORM SA1	1-2E. PAGE		
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM II		
Name	CEQUEL COMMUNICATIONS LLC								06265		
	SECONDARY TRANSMISSION	SEDVICE, SUB	ecpie	DEDC AND D	TEC .						
E			_	_	_	y transmissio	n service of t	he cable			
	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	` ` .	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
ransmission Service: Sub-	ast 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		umber of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken In by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the n										
	separately for the particular serv							_			
	Rate: Give the standard rate of	-	•	-			-				
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	ons within a p	particular rate			
	Block 1: In the left-hand block				ries of sec	ondary transn	nission servi	ce that cable			
	systems most commonly provide	•		-		•					
	that applies to your system. Note			_		_					
	categories, that person or entity						•				
		subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service 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, t	-		•							
	with the number of subscribers a	and rates, in the r	right-ha	and block. A t	vo- or thre	e-word descri	otion of the s	service is			
	sufficient.	201/ 1			T		BLOC	.			
	BLO	OCK 1 NO. OF						₹∠ NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	ATEGORY OF SERVIC		SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		0	-							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Commercial		189	42.41							
	Converter										
	Residential				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Non-residential										
					_			ı			
	SERVICES OTHER THAN SEC In General: Space F calls for rate	-				ll vour cable s	vstem's serv	ices that were			
F	not covered in space E, that is, t	•	•		•	-					
	service for a single fee. There a					•	•				
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur		sually	billed. If any ra	ates are ch	narged on a va	ıriable per-pı	rogram basis,			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		e cable	system for ea	ch of the	applicable ser	vices listed				
Rates	Block 2: List any services that							were not			
	listed in block 1 and for which a	•			-						
	brief (two- or three-word) descrip	otion and include	the ra	te for each.							
		BLOC	K 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE C	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:	Ir	nstalla	tion: Non-res	idential						
	• Pay cable	-	• Mot	el, hotel							
	 Pay cable—add'l channel 	-	• Con	nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection		• Pay	cable-add'l cl	nannel						
	Installation: Residential		• Fire	protection					¢		
	• First set	_		glar protection							
	1 1131 301			giai proteotion							

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

Accounting Period: 2023/1

| LEGAL NAME OF OWNER OF CABLE SYSTEM:

| SYSTEM ID#

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

CEQUEL COMMUNICATIONS LLC

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, *except* (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 *not* 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 *only* 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. *Do not* 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 network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-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 by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

4. LOCATION OF STATION 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION Ε KAET-1 8 PHOENIX, AZ KNXV-1 Ν 15 PHOENIX, AZ KPHO-1 5 Ν PHOENIX, AZ **KPNX-1** 12 Ν MESA, AZ KSAZ-1 10 PHOENIX, AZ KTVW-1 33 I PHOENIX, AZ KTAZ-1 39 PHOENIX, AZ KFPH-1 13 I FLAGSTAFF, AZ

Add Rows as Necessary

062658

Accounting Period: 2023/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

062658

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.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	1							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ш	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FOR	SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	_C					062658
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting peri	fy every non ccounting pe ing that mus CONCER	enetwork televis eriod, under spe et be included in NING SUBST	ion program, broadcast by ecific present and former F0 this log, see page (v) of the ITUTE CARRIAGE	a <i>distant</i> stat CC rules, regu e general inst	lations, or a	authorizations the paper SA	. For a further 1-2 form.
Statement and Program Log	broadcast by a distant state Note: If your answer is "No, log in block 2.	tion?	•	•	-		YES	X NO
	period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call second the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	itute prograice, please a of every nor distant staticgulations, or es like "moves like "moves broadsign of the stationation stationation thand day ve "5/7." es when the Example: a er "R" if the land regulation districts and the example of the land regulation control of the land regulation control of the land regulation control of example and regulation of every nor every nor example and regulation of every nor ever	m on a separated add additional ranetwork televison and that you authorizations vies" or "basked cast live, enter station broadcan's location (that is, if any, the content of the program carried listed program ons in effect during additional research and the second program carried listed program ons in effect during and the second program of the second program of the second program on the second program of the seco	ows to the tables. sion program ("substitute or cable system substitute of See page (v) of the general detail." List specific program of "Yes." Otherwise enter "Notherwise enter "Notherwise enter "Notherwise enter to which the community with which the demonstrated the substitute of gram was carried by your end by a system from 6:01: was substituted for programing the accounting period	program") that d for the program titles, for exion." In station is lice station is ider program. Use cable system 15 p.m. to 6:2 amming that y; enter the let	ent, during the ramming one for furth ample, "I Lensed by the ntified). I List the tick and p.m. List the tick and p.m. Tour system ter "P" if the	ne accounting of another stater information ove Lucy" or the FCC or, in with the more accurate should be the listed programmes accurate and the should be the listed programmes accurate and the listed programmes accurate accurate and the listed programmes accurate and the listed programmes accurate accurate and the listed programmes accurate accurate and the listed programmes accurate accurate accurate accurate accurate accurate accu	tion n. nth oly
	effect on October 19, 1976.					EN SUBS		
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCO	CURRED TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
								"
							_	
							_	
								"
							_	
							_	

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062658
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ampage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	r the total of sion service
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 \$26. 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.	3,800.
	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 accounting period is \$52.00.	six-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 \$137,10	0)
	1. Base amount under statutory formula	
	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	_
	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 \$527,6	(00)
	1. Enter the amount of grace receipts from anges V	
	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	
		1,319.00
	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	
Elling For and		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00
Due	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

2023/1					FORM SA1-2E. PAGE 7.
					SYSTEM ID# 062658
to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system.	the cable system's toto of channels on which to n broadcast stations of activated channels em carried television by	the cable	er of activated channels during the accounting per	riod.	36
we can contact about this	statement of account.		RMATION IS NEEDED (Identify an individual		
Address 3027 (Number,	S SE LOOP 323 street, rural route, apartmen	ent, or suite	e number)	I elephone _	(903) 579-3152
	n, state, zip)	INS@AL	TICEUSA.COM Fax (optiona	al)	
Owner other the (Owner other the in line 1 of second in line 1 of	certify that (Check one, an corporation or part other than corporation pace B and that the own ner) I am an officer (if a pace B. ment of account and here tect to the best of my kn	e, but only rtnership) on or par rner is not a corporat	one, of the boxes.) I am the owner of the cable system as identified in line tnership) I am the duly authorized agent of the owner a corporation or partnership; or ion) or a partner (if a partnership) of the legal entity ice are under penalty of law that all statements of fact con	ne 1 of space B; r of the cable sys dentified as owne	stem as identified
		Enter an e	ectronic signature on the line above to certify this state	ement.	
	Title:	SVP, P	ROGRAMMING		
	LEGAL NAME OF OWNER OF CEQUEL COMMUNICATION CHANNELS Instructions: You must go to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system and nonbroadcast services and nonbroadcast services. INDIVIDUAL TO BE CON we can contact about this was a contact about this contact about t	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's te 1. Enter the total number of channels on which system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHE we can contact about this statement of account Name RODNEY HASKINS Address 3027 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASK CERTIFICATION (This statement of account must be in line 1 of space B and that the own in line 1 of space B and that the own in line 1 of space B. I have examined the statement of account and he are true, complete, and correct to the best of my k [18 U.S.C., Section 1001(1986)] Typed or printed in Title: (Title of office)	CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total numb 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broad to its subscribers, and (2) the cable system's total number of activated channels during the accounting per system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name RODNEY HASKINS Address 3027 S SE LOOP 323 (Number, stroat, papertners, or suite number) TYLER, TX 75701 (City, bown, state, pp) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (option) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offi I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the owners in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partners) I am an officer (if a corporation or partnership) of the legal entity is in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity is in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity is in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity is 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 co 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)] Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or purhnership)	EGAL NAME OF OWNER OF CABLE SYSTEM CECUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast slations 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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name RODNEY HASKINS Address RODNEY HASKINS Telephone (International System) Truck, TATS011 (Oit, town state, ze) Email RODNEY-HASKINS@ALTICEUSA.COM Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Capyright Office regulations) (International System) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; in lin

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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	062658
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x days 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 (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 First community served Accounting period	

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

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Letter sent

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		lı	nitials
			Date of remittance	_ Check	EFT	☐ FILI	NG FEES
Cable ID #						Amount	Initials
Examined by	Reviewe	ed by	Date examination completed	Allocation i	number		
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun peri	od) or /2 (for Jul-De	c period) No spa	ces)
Period	Letter sent			Information recei	ved		
	☐ Accepted			Phone call/Date/0	Contact		
Space B Owner							
	Letter sent]	Information recei	ved		
	Accepted			Phone call/Date/0	Contact		
Space D Area Served							
	Letter sent		[Information recei	ved		
	Accepted			Phone call/Date/0	Contact		
Space E Secondary Transission							
Service Subscribers:	Letter sent			Information recei	ved		
and Rates	☐ Accepted			Phone call/Date/0	Contact		
Space G Primary Transmitters:							
Television	Letter sent			Information rece	ived		
	Accepted			Phone call/Date/	Contact		
Space H Primary Transmitters:							
Radio	Accepted			Phone call/Date/	Contact		
						Space Substi Carria	tute

 $\hfill \square$ 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	