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

email to

Return completed workbook by

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright

Office Licensing Division at

(202) 707-8150.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIG	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8-29-23	\$
	ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20231 Barcode Data Filing Period (optional - see instructions)	
renou			
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.	063778
		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)	
	INICT		lana thana
C		RUCTIONS: 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.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	MURPHYSBORO LIFE SKILLS RE ENTRY CENTER	
		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 filling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name	CEQUEL COMMUNICATIONS LLC	0637						
	Instructions: List each separate community served by the cable system. A "commu	inity" is the same as a "community unit" as defined in FCC ru						
D	"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.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	(MURPHYSBORO LIFE SKILLS RE-ENTRY CENTER)	<u>L</u>						
Community	MURPHYSBORO	<u> </u>						
d Rows as Necessary								

ccounting Period	J. 2025/ I							EODM CA 4	1 OF DAGE			
	LEGAL NAME OF CVAINED OF CO	ADLE CVOTEM.						FORM SA1	I-2E. PAGE TEM IC			
Name	LEGAL NAME OF OWNER OF CA											
	CEQUEL COMMUNICAT	TONS LLC							06377			
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCR	IBERS AND RA	ATES							
E	In General: The information in s	pace E should c	over a	all categories of	secondar	y transmiss	sion 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 last day of the accounting period (June 30 or December 31, as the case may be).										
Fransmission Service: Sub-							a cabla svetam	hroken				
scribers and		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the ni											
	separately for the particular serv							-				
	Rate: Give the standard rate c	-	-	•				_				
	unit in which it is generally billed				ny standa	rd rate varia	ations within a	particular rate				
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary tran	smission servi	ce that cable				
	systems most commonly provide	•		-		•						
	that applies to your system. Note	e: Where an indi	vidua	l or organizatio	n is receiv	ing service	that falls unde	r different				
	categories, that person or entity											
	subscriber who pays extra for ca					d in the cou	nt under "Servi	ice to the				
	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											
	sufficient.						•					
	BLO	OCK 1					BLOC	BLOCK 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBER	RS	RATE	CAT	EGORY OF	SERVICE	NO. OF SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		0	_								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		17	42.41								
	Converter											
	Residential											
	Non-residential											
	• Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMIS	SIONS: RATES	 3							
_	In General: Space F calls for rat					ll your cable	e system's serv	vices that were				
F	not covered in space E, that is, t					•	•					
	service for a single fee. There ar											
Services Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		Suany	y billed. Il ariy ra	ales are cr	iarged on a	variable per-p	rogram basis,				
ransmissions:	Block 1: Give the standard rat		e cabl	le system for ea	ch of the	applicable s	services listed.					
Rates	Block 2: List any services that							t were not				
	listed in block 1 and for which a				shed. List	these othe	r services in th	e form of a				
	brief (two- or three-word) descrip	otion and include	the r	ate for each.								
		BLOC	K 1					BLOCK 2				
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:	lı lı	nstall	ation: Non-res	idential							
	• Pay cable	_	• Mc	otel, hotel								
	 Pay cable—add'l channel 	-	• Co	mmercial								
	Fire protection		• Pa	y cable								
	•Burglar protection		• Pa	y cable-add'l cl	nannel							
	Installation: Residential		• Fir	e protection								
	motanation. Neoluential			e protection								
	• First set	-		e protection irglar protection								

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

ounting Period	l: 2023/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM IC				
Name	CEQUEL COMMUNIC	CATIONS LLC		06377				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ransmitters: Television	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.							
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. the case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list	station, an independent station, of for network multicast), "I" (for inde or "E-M" (for noncommercial educ actions in the paper SA1-2 form. The community to which the station	or a noncommercial ependent), "I-M" ational multicast). on is licensed by the				
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. the case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list	station, an independent station, of for network multicast), "I" (for inde or "E-M" (for noncommercial educ actions in the paper SA1-2 form. The community to which the station	or a noncommercial ependent), "I-M" ational multicast). on is licensed by the				
	Column 2: Give the channel of license. For example, Williams 3: Indicate in each educational station, by enterior independent multicast For the meaning of these Column 4: Give the location FCC. For Mexican or Canal	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. the case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), of terms, see page (iv) of the general instruon of each station. For U.S. stations, list adian stations, if any, give the name of the stations of the stations of the stations of the stations.	station, an independent station, of for network multicast), "I" (for independent station), "I" (for independent" (for noncommercial eductions in the paper SA1-2 form. If the community to which the statione community with which the statione	or a noncommercial ependent), "I-M" eational multicast). on is licensed by the ion is identified.				
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ows as Necessary	Column 2: Give the chant of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KBSI-1 KFVS-1	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 23	station, an independent station, of for network multicast), "I" (for independent station) (for network multicast), "I" (for independent stations in the paper SA1-2 form. It the community to which the statione community with which the statione stations at ITYPE OF STATION	ar a noncommercial ependent), "I-M" eational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION CAPE GIRARDEAU, MO				
ows as Necessary	Column 2: Give the channel of license. For example, We Column 3: Indicate in each educational station, by enter (for independent multicast For the meaning of these for the meaning of these for the Indication of Column 4: Give the location of Column 4: Give the Indication of Canal State of Column 4: Give the Indication of Canal Indicate in each education of Canal Indication of Canal Indicate Indication of Canal Indication of Canal Indicate Indicate Indication of Canal Indicate Indic	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 23 12	station, an independent station, of for network multicast), "I" (for independent "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the statione community with which the statione community with which the statione stations. 3. TYPE OF STATION I	ar a noncommercial ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO				
iws as Necessary	Column 2: Give the chant of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KBSI-1 KFVS-1 WPSD-1	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 23 12 6	station, an independent station, of for network multicast), "I" (for independent station), "I" (for independent station), "I" (for independent stations in the paper SA1-2 form. In the community to which the statione community with which the stations of t	ar a noncommercial ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY				
l Rows as Necessary	Column 2: Give the chant of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KBSI-1 KFVS-1 WPSD-1	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 23 12 6	station, an independent station, of for network multicast), "I" (for independent station), "I" (for independent station), "I" (for independent stations in the paper SA1-2 form. In the community to which the statione community with which the stations of t	ar a noncommercial ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY				

WSIL-1	3	N	HARRISBURG, IL

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

063778

PRIMARY TRANSMITTERS: RADIO

paper SA1-2 form.

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

Primary Transmitters:

Radio

y Je

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.

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						-	
						-	
						ļ	
	<u> </u>	<u> </u>	1			<u>I</u>	<u>l</u>

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
	CEQUEL COMMUNICA	TIONS LL					063778
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	 G		
	In General: In space I, identi					tion that your cable syst	em carried on a
-	substitute basis during the ad						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	ne general ins	tructions in the paper SA	.1-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special	 During the accounting peri 	od, did youı	cable system	carry, on a substitute bas	is, any nonne	twork telev <u>ision</u> prograi	m
Statement and Program Log	broadcast by a distant stat	ion?				YES	X NO
i rogium Log	Note: If your answer is "No,	" leave the i	rest of this nad	e blank. If your answer is	"Yes " vou m		
		icave the i	cst of this pag	e blank. If your answer is	res, you m	ast complete the progre	
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning i	S
	clear. If you need more space	ce, please a	add additional r	ows to the tables.	•		
	Column 1: Give the title	•					•
	period, was broadcast by a cunder certain FCC rules, reg						
	Do not use general categori						
	"NBA Basketball: 76ers vs.			(D) (
	Column 2: If the program Column 3: Give the call s						
	Column 4: Give the broa					ensed by the FCC or, in	
	the case of Mexican or Cana	adian statio	ns, if any, the c	community with which the	station is idea	ntified).	
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	e numerals, with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substitute prod	gram was carried by your	cable system	List the times accurate	alv
	to the nearest five minutes.						Siy
	stated as "6:00–6:30 p.m."	·		, ,	·	·	
	Column 7: Enter the letter						
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.	ming that y	our system was	s permitted to delete dridt	71 1 00 Tales t	and regulations in	
					11		
		LIDOTITLIT				EN SUBSTITUTE	7 DEASON FOR
	8		E PROGRAM		-	IAGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	
		10001110	0/122 0/0/1	CIALIDITO ECOALITOR	7,11,12,12,7,1	71.5	
					-		
						_	
					_		
						_	
					-		
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						_	
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						_	
						_	
					-		
log in blo 2. LOG In Gener clear. If y Colum period, w under ce Do not us "NBA Ba Colum Colum Colum the case Colum first. Exa Colum to the ne stated as Colum to delete was subs effect on					-		
						_	

Accounting Period:	2023/1 FORM SA	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	STEM ID# 063778
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. (Amount of gross)	388.70 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	
	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)	
	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)	
Due	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	67.00
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> 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	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA					SYSTEM ID# 063778
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast.	al number the cable	n which the cable system carried television of activated channels during the accounting the acco	ng period.	41
N Individual to Be Contacted	we can contact about this	statement of account.)		ATION IS NEEDED (Identify an individual		
for Further Information	Name RODN	EY HASKINS			Telephone	(903) 579-3152
	(Number, s	S SE LOOP 323 street, rural route, apartment R, TX 75701 n, state, zip)	nt, or suite no	ımber)		
	Email	RODNEY.HASKINS	NS@ALTI	CEUSA.COM Fax (o	optional)	
O Certification	Owner other that (Agent of owner in line 1 of sp X (Officer or partrein line 1 of sp I have examined the staten	certify that (Check one, be an corporation or partness other than corporation be ace B and that the owned oner) I am an officer (if a copace B.	but only or enership) I a on or partne er is not a c corporation	ed and signed in accordance with Copyrighte, of the boxes.) am the owner of the cable system as identified ership) I am the duly authorized agent of the corporation or partnership; or a) or a partner (if a partnership) of the legal end of the end of t	ed in line 1 of space B; owner of the cable sys ntity identified as owne	or stem as identified
			nter an elec	/ Alan Dannenbaum tronic signature on the line above to certify the re using an "/s/ signature" (e.g., /s/ John Smit		
		Typed or printed nar		LAN DANNENBAUM		
				eld in corporation or partnership)		
		Date:				

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.

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063778
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 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.	Q
Line 1 Enter the amount of late payment or underpayment	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	
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 filling, a determination that would be made by a court of law.

Letter sent

C	Cable Worksh	eet	Total amount of remittance	Numbe	l:	Initials			
			Date of remittance	_ Check	EFT	FILI	NG FEES		
Cable ID #						Amount	Initials		
Examined by	Reviewe	ed by	Date examination completed	Allocation r	number				
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun perio	od) or /2 (for Jul-De	ec period) No spa	ces)		
Period	Letter sent			Information receiv	ved				
	☐ Accepted			Phone call/Date/C	Contact				
Space B Owner									
	Letter sent			Information receiv	ved				
	Accepted			Phone call/Date/C	Contact				
Space D Area Served									
	Letter sent		[Information receiv	ved				
	Accepted		[Phone call/Date/C	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 recei	ived				
	Accepted			Phone call/Date/0	Contact				
Space H Primary Transmitters:									
Radio	Accepted			Phone call/Date/0	Contact				
						Space Substi Carria	tute		

 $\hfill \square$ Information received

Accepted	Phone call/Date/Contact	7
		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	1
		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	1
		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	