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

		[		Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	email to
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) uctions are located of this workbook.	2/29/24	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	20232	Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full corp	orate title
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty for	<b>.</b>	the last day of the accounting period should sunting period.	
	Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	062660
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT	Γ)	

TYLER, TX 75701

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

(Number, street, rural route, apartment, or suite number)

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B

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.

FORRESTRY CAMP STATE CORRECTIONAL INSTITUTION

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

3027 S SE LOOP 323

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Nume	CEQUEL COMMUNICATIONS LLC	0626
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single st will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BELLEFONTE	PA
Community	(FORRESTRY CAMP SCI)	
d Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICA	TIONS LLC							06266
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
<b>.</b> .	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						nose exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ole system	n, broken	
scribers and	down by categories of secondar	, y transmission	service	. In general, yo	u can con	npute the numbe	r of subso	ribers in	
Rates	each category by counting the n			•••				s charged	
	separately for the particular serv					•	,	as and the	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·			ny standa		5 Within a		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	0			· · ·	service that are	different	from those	
	printed in block 1 (for example,								
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the	service is	
	Sufficient. BLOCK 1							٢2	
		NO. OF		DATE	0.01			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CATI	EGORY OF SEF	VICE	SUBSCRIBERS	RATE
	Service to first set		0						
	Service to additional set(s)		v	-					
	• FM radio (if separate rate)								
	,								
	Motel, hotel Commercial		17	42 44					
	Converter		17	42.41					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra		,		•				
•	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services	•			0		0 (	,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the								
Fransmissions:	Block 1: Give the standard ra							tworo pot	
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	listed in block 1 and for which a separate charge was made or established. List these other services in the t brief (two- or three-word) description and include the rate for each.								
	BLOCK 1						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi					
	• Pay cable	-	• Mo	tel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	-	• Cor	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	-	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	-		services:					
	• FM radio (if separate rate)		• Red	connect		-			
	,		• Dis						
	Converter		. DI3	connect					
	• Converter			connect tlet relocation		-			
	• Converter		• Out		ess				

nting Period:								
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#				
Nume	CEQUEL COMMUNIC	ATIONS LLC		062660				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary nsmitters: elevision	In General: In space G, ide 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 ru • Do not list the station here, station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including i m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a su be Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the				
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.         1. CALL SIGN       2. B'CAST CHANNEL NUMBER       3. TYPE OF STATION       4. LOCATION							
	I. OALE OION	2. B GAGT CHARTLE NOMBER		4. LOCATION OF OTATION				
		00	N					
	WATM-1	23	N	ALTOONA, PA				
	WJAC-1	6	N N	JOHNSTOWN, PA				
ows as Necessary	WJAC-1 WKBS-1	6 47		JOHNSTOWN, PA ALTOONA, PA				
s as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
vs as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1	6 47 19 3	N       E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA				
s as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
ws as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1	6 47 19 3	N       E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA				
ws as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
vs as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
ws as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
ws as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
ws as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
iws as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
ows as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
ows as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
ows as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
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	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
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	WKBS-1	47		ALTOONA, PA				
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	WPSU-1	3		CLEARFIELD, PA				
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	WPSU-1	3		CLEARFIELD, PA				
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	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				
ows as Necessary	WJAC-1	6	N	JOHNSTOWN, PA				
	WKBS-1	47		ALTOONA, PA				
	WPCW-1	19		PITTSBURGH, PA				
	WPSU-1	3		CLEARFIELD, PA				
	WTAJ-1	10	E	ALTOONA, PA				

EGAL NAME OI								SYSTEM 0620
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S	it is carried by monitoring, to prmation about rm. lentify the call tate whether t	y the sys be rece It the Co sign of the statio	II-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	at the system's system's FM a this point, see	i headend, and ( antenna, during page (v) of the <u>c</u>	(2) it can certain s general i	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate <b>Column 4:</b> G	this by placing live the statior	g a chec n's locati	nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	he station is lic	ensed by the F0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIG	N AM or FM	S/D	LOCATION OF STATION	
						- 		

Accounting Perio	od: 2023/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					062660
	SUBSTITUTE CARRIAG							
1	In General: In space I, ident	-	-			tion that w	our cable eve	em carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tel	evision progi	am
Statement and Program Log	broadcast by a distant sta		-	-	-		YES	×NO
r rogram Log	Neter If your analysis "No	" leave the	reat of this no	as blank. If your anowar is	"Vee" veu *	-		
	<b>Note:</b> If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	nust comp	iete the prog	lam
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible. if t	heir meaning	ı is
	clear. If you need more spa					,		
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo	vies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which the		censed by	the FCC or.	in
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	e station is id	entified).		
			when your sy	stem carried the substitute	e program. Us	se numera	ls, with the m	nonth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable syste	m List the	times accura	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules a			n was substituted for progr				
	was substituted for program							gram
	effect on October 19, 1976					-		
					14/11			
	SI	UBSTITUT	E PROGRAM			N SUBST AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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		+	·					
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							_ _	
							_ _ _	

Accounting Period:	2023/2	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	062660
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	263,800
	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 thi 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	• • • •
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10)	0)
	1. Base amount under statutory formula       \$ 263,800.00         2. Enter amount of gross receipts from space K	
	2. Enter amount of gloss receipts from space      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 \$527,6	00)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	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)	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 o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2023/2						FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC					SYSTEM ID <del>;</del> 06266(
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's f number of channels on whic television broadcast stations number of activated channel able system carried television ast services	otal numb h the cabl s broadcas	ber of activated channels of le	during the a	accounting period.	15 
N Individual to		BE CONTACTED IF FURTH about this statement of account		DRMATION IS NEEDED (I	dentify an ii	ndividual	
Be Contacted for Further Information	Name	RODNEY HASKINS				Telepho	ne <b>(903) 579-3152</b>
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		ite number)			
	Email	RODNEY.HASI	KINS@A	LTICEUSA.COM		Fax (optional)	
O Certification	I, the undersigned     (Owned     (Agent     in li     X     (Office     in li     I have examined	(This statement of account m ed, hereby certify that (Check or r other than corporation or p t of owner other than corpora ine 1 of space B and that the or er or partner) I am an officer ( ine 1 of space B. d the statement of account and e, and correct to the best of my on 1001(1986)]	ation or p wartnershi ation or p wwner is n if a corpor hereby d	nly one, of the boxes.) ip) I am the owner of the car partnership) I am the duly a ot a corporation or partners ration) or a partner (if a par leclare under penalty of law	able system authorized a ship; or tnership) of v that all stat	as identified in line 1 of spa agent of the owner of the ca the legal entity identified as tements of fact contained he	nce B; or ble system as identified s owner of the cable system
				/s/ Alan Dannenbar electronic signature on the I nature using an "/s/ signatur	ine above to		-
		Typed or printed	l name:	ALAN DANNENBA	AUM		
		Title: (Title of o		PROGRAMMING on held in corporation or partner	rship)		
		Date:				2/27/2024	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06266
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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