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

	-			GHT OFFICE USE ONLY	Return completed workbook by email to				
-									
	-	ransmissions by ′Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>				
General instru		,	2/29/24	\$	For additional information, contact the U.S. Copyright Office Licensing Division at				
in the first tab	of thi	s workbook.		(202) 707-8150.					
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
		2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20232	Barcode Data Filing Period (optional	- see instructions)					
		20232							
Accounting Period									
		Instructions:							
В		-		idiary of another corporation, give the full corp	porate title				
Owner		of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system.							
Owner		List any other name or names under whic	ch the owner conducts the business of	the cable system.					
		If there were different owners during the single statement of account and royalty for		the last day of the accounting period should sunting period.	ubmit a				
		Check here if this is the system's first filin	g. If not, optor the system's ID number	assigned by the Licensing Division	063352				
			g. If not, enter the system s ib number	assigned by the licensing Division.					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER OI	F CABLE SYSTEM (IF DIFFEREN	Г)					
		SUDDENLINK COMMUNICATIONS							
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite n	umber)						
		TYLER, TX 75701							
		(City, town, state, zip)							
C				entify the business and operation of the ne system, if different from the address					
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MACK ALFORD CORRECT							
		MAILING ADDRESS OF CABLE SYSTEM	:						
	2	(Number, street, rural route, apartment, or suite n	umber)						

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.

City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063352
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	STRINGTOWN	OK
Community	(MACK ALFORD CORR)	OK
dd Rows as Necessary		

									1-2E. PAG	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SY	STEM II	
	CEQUEL COMMUNICA			0633						
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES					
E	In General: The information in s	•		-		•				
. .	system, that is, the retransmissi									
Secondary Transmission		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).								
Service: Sub-	Number of Subscribers: Bot	•				,	ole system	, broken		
scribers and	down by categories of secondar	•					-			
Rates	each category by counting the n			0,0				charged		
	separately for the particular serv					•	,	ne and the		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	· ·	,		ny stanua		s wiu iir 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					i in the count un	der Servi	ce to the		
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	vo- or thre	e-word descripti	on of the	service is		
	sufficient.									
	BLO			BLOCK	NO. OF					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SER	VICE	SUBSCRIBERS	RATI	
	Residential:									
	 Service to first set 		0	-						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		4	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				-					
F	In General: Space F calls for ra		,		•					
•	not covered in space E, that is, t service for a single fee. There a									
Services	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									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
		otion and includ	je ine ra	ate for each.						
				ate for each.						
	brief (two- or three-word) descri	BLO	CK 1			RATE	CATEG	BLOCK 2		
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CK 1 CATEG	ORY OF SER		RATE	CATEG	BLOCK 2 DRY OF SERVIC	E RATI	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG Installa	ORY OF SER		RATE	CATEG		E RATI	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mot	ORY OF SER tion: Non-res		RATE	CATEGO		E RATI	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mot • Cor	ORY OF SER I tion: Non-res el, hotel nmercial		RATE	CATEG		E RATI	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay	ORY OF SER Ition: Non-res el, hotel nmercial r cable	idential	RATE	CATEGO		E RATI	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SER titon: Non-res el, hotel nmercial r cable r cable-add'l ch	idential	RATE	CATEG		E RATI	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER titon: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEG		E RATI	
	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	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	CATEG		E RATI	
	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)	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEGO		ERATI	
	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)	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER ation: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	idential	RATE	CATEG		E RATI	
	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)	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ORY OF SER tition: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection glar protection services: connect connect	idential	RATE	CATEGO		E RATI	
	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)	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	ORY OF SER ation: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	idential annel	RATE	CATEGO		E RAT	

	2023/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM II						
Name		CATIONS LLC		0633						
	PRIMARY TRANSMITTERS:	PRIMARY TRANSMITTERS: TELEVISION								
G Primary nsmitters: elevision	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 									
	Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	(RC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati actions in the paper SA1-2 form. t the community to which the station	endent), "I-M" onal multicast). is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KTEN-1	10	Ν	ADA, OK						
	KTEN-2	10.2	I-M	ADA, OK						
Necessary	KTEN-3	10.3	N-M	SHERMAN, TX						
	KXII-1	12	Ν	SHERMAN, TX						
	KXII-3	12.3	I-M	SHERMAN, TX						

							SYSTEM I 0633
st every radio s	station ca	arried on a separate and discr					н
) it is carried by monitoring, to formation about orm. dentify the call State whether t f the radio stat	y the sys be rece it the Co I sign of the static ion's sig	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. nal was electronically process	at the system's ł system's FM ar his point, see p	neadend, and (ntenna, during o age (v) of the g	2) it can certain s leneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Give the station	n's locati	ion (the community to which th			C or, in	the case of	
AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·	
·							
/							
·							
	ANSMITTERS st every radio s whose signals ctions Conce) it is carried b monitoring, to formation abou- orm. dentify the call State whether f the radio state this by placing Give the station	DMMUNICATIONS ANSMITTERS: RADIO st every radio station ca whose signals were ge ctions Concerning Ai) it is carried by the syst monitoring, to be rece formation about the Co orm. dentify the call sign of State whether the statio f the radio station's sig e this by placing a chec Give the station's locati nadian stations, if any,	ANSMITTERS: RADIO at every radio station carried on a separate and discr whose signals were generally receivable by your call actions Concerning All-Band FM Carriage: Under of) it is carried by the system whenever it is received at 'monitoring, to be received at the headend, with the formation about the Copyright Office regulations on to orm. dentify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processe this by placing a check mark in the "S/D" column. Give the station's location (the community to which the nadian stations, if any, the community with which the	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and lis whose signals were generally receivable by your cable system durin actions Concerning All-Band FM Carriage: Under Copyright Office) it is carried by the system whenever it is received at the system's FM monitoring, to be received at the headend, with the system's FM and formation about the Copyright Office regulations on this point, see pro- orm. dentify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable a this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is ident is identify which the station is ident	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and list those FM state whose signals were generally receivable by your cable system during the accounting ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, and) it is carried by the system whenever it is received at the system's headend, and (' monitoring, to be received at the headend, with the system's FM antenna, during of formation about the Copyright Office regulations on this point, see page (v) of the grown. dentify the call sign of each station carried. State whether the station is AM or FM. I the radio station's signal was electronically processed by the cable system as a se this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is licensed by the FC nadian stations, if any, the community with which the station is identified).	ANSMITTERS: RADIO st every radio station carried on a separate and discrete basis and list those FM stations ca whose signals were generally receivable by your cable system during the accounting perior ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sig) it is carried by the system whenever it is received at the system's headend, and (2) it can i monitoring, to be received at the headend, with the system's FM antenna, during certain s formation about the Copyright Office regulations on this point, see page (v) of the general in orm. dentify the call sign of each station carried. State whether the station is AM or FM. f the radio station's signal was electronically processed by the cable system as a separate this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is licensed by the FCC or, in nadian stations, if any, the community with which the station is identified).	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were generally receivable by your cable system during the accounting period. In the system whenever it is received at the system's headend, and (2) it can be expected, i monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. formation about the Copyright Office regulations on this point, see page (v) of the general instructions in the. orm. dentify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is licensed by the FCC or, in the case of nadian stations, if any, the community with which the station is identified).

Accounting Perio	od: 2023/2					FORM	A SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS L	LC				063352				
_	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
	In General: In space I, ident	ify every no	nnetwork televi	s <i>ion program</i> , broadcast by	a distant sta	tion, that your cable sys	tem carried on a				
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorization	ns. For a further				
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	structions in the paper S	A1-2 form.				
Carriage:											
Special	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network television prog	ram				
Statement and Program Log	broadcast by a distant sta					YES	× NO				
Program Log	-										
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must complete the prog	Iram				
	log in block 2.										
	2. LOG OF SUBSTITUTE										
	In General: List each subst				s wherever p	ossible, if their meaning	g is				
	clear. If you need more space, please add additional rows to the tables.										
		Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station									
	under certain FCC rules, re										
	Do not use general categor										
	"NBA Basketball: 76ers vs.	Bulls."									
				er "Yes." Otherwise enter "							
				asting the substitute progr			:				
	the case of Mexican or Car			he community to which the			IN				
				stem carried the substitute			nonth				
	first. Example: for May 7 giv	,	mien year ey		program. o						
				ogram was carried by you			ately				
	to the nearest five minutes.	Example:	a program carr	ied 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."		1				ine al				
	to delete under FCC rules a			n was substituted for progr							
	was substituted for program						Syram				
	effect on October 19, 1976.	•	, ,								
					-		1				
						N SUBSTITUTE					
	SI		E PROGRAM			AGE OCCURRED	7. REASON FOR DELETION				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
						_					
			·								
						_					
						_					
						_					
						_					
						_					
						-					

Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 063352
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space e) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, se	,032.00
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 \$ Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	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 th accounting period is \$52.00.	iis 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	00)	-
	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 \$527,6	500)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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	0.00	
	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 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# 063352
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 number of channels on whic television broadcast stations number of activated channe able system carried television ast services	total numb h the cable Is broadcas	ber of activated channels e 	during the a	ccounting period.	s 5 5
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED	(Identify an ir	ndividual	
for Further Information	Name	RODNEY HASKINS				Telephor	e (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)			
	Email	RODNEY.HAS	KINS@AI	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 r other than corporation or p t of owner other than corpor ine 1 of space B and that the o 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 m on 1001(1986)]	one, <i>but on</i> partnershi ation or p powner is no (if a corpor	bly one, of the boxes.) (p) I am the owner of the f artnership) I am the duly ot a corporation or partner ration) or a partner (if a partner) eclare under penalty of Ia	cable system authorized a rship; or artnership) of w that all stat	as identified in line 1 of spa gent of the owner of the cat the legal entity identified as ements of fact contained he	ce B; or le system as identified owner of the cable system
			Enter an e	/s/ Alan Dannenba electronic signature on the nature using an "/s/ signatu	line above to		-
		Typed or printed	d name:	ALAN DANNENB	AUM		
		Title: (Title of o		PROGRAMMING on held in corporation or partn	ership)		
		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.

ounting Period: 2023/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06335
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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.	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	—
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	

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 th 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.