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

063548

		<b></b>		Return completed workbook by
STATEME		FOR COPYRIG	email to	
for Secondar	y Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syster	ns (Short Form) ctions are located of this workbook.	2/29/24	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A Accounting Period		BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent of	-	diary of another corporation, give the full corp	porate title
Owner	List any other name or names under whi	ch the owner conducts the business of t	he 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, zjp)
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	1	IDENTIFICATION OF CABLE SYSTEM:
	1	PENDLETON CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
		(Number, street, rural route, apartment, or suite 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 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

CEQUEL COMMUNICATIONS LLC       CEQUEL COMMUNICATIONS LLC         D       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in Fu         "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafte as the "first community." Please use it as the first community on all future filings.         Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city.         First       CITY OR TOWN         State       State         (PENDLETON       IN	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
D       "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including 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 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 home parks should be reported in parentheses below identified city.         First       CITY OR TOWN       STATE         Community       (PENDLETON       IN	Name		0635
Area Served     identified city.       First Community     CITY OR TOWN       STATE       Image: Community (PENDLETON CORR)	D	"a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including sing t will serve as a form of system identification hereafter know
First Community (PENDLETON CORR)			home parks should be reported in parentheses below the
Community (PENDLETON CORR)		CITY OR TOWN	STATE
	First	PENDLETON	IN
Albeataness and best	Community	(PENDLETON CORR)	
display         Mathematical state           display <t< td=""><td></td><td></td><td></td></t<>			
	dd Rows as Necessary		
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	1							FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:								
	CEQUEL COMMUNICATIONS LLC 063										
-	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 p						hose exis	ting on the			
Service: Sub-	last day of the accounting period Number of Subscribers: Bot						ole system	n broken			
scribers and	<b>Number of Subscribers:</b> 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 number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).										
						•	,				
	Rate: Give the standard rate of	-	-	•				-			
	unit in which it is generally billed category, but do not include disc	· ·	,		iny standa	ro rate variation	s within a	particular rate			
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servi	ice that cable			
	systems most commonly provide	e to their subso	ribers. (	Give the numb	er of subse	cribers and rate	for each li	sted category			
	that applies to your system. Not			-		-					
	categories, that person or entity										
	subscriber who pays extra for ca					a in the count un	der Serv	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, 1	-		•							
	with the number of subscribers a	e-word descripti	on of the	service is							
	sufficient.						BL OCK	()			
	BL	OCK 1 NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	VICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		0	-							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		42	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC				s						
-	In General: Space F calls for ra					ll your cable sys	tem's ser	vices that were			
F	not covered in space E, that is, t										
Comilana	service for a single fee. There a	•			0		0 (	,			
Services Other Than	furnished at cost or (2) services										
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.										
Transmissions:	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				shed. List	these other serv	ices in th	e form of a			
	brief (two- or three-word) description and include the rate for each.										
	BLOCK 1					<b>DATE</b>	0.4750	BLOCK 2			
			CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE		
	CATEGORY OF SERVICE	RATE	Inotalla		iuentiai						
	Continuing Services:	RATE		ition: Non-res							
	Continuing Services: • Pay cable	-	• Mot	el, hotel							
	Continuing Services: • Pay cable • Pay cable—add'l channel	-	• Mot • Cor	el, hotel nmercial							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mot • Cor • Pay	el, hotel nmercial r cable							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mot • Cor • Pay • Pay	el, hotel nmercial <sup>,</sup> cable <sup>,</sup> cable-add'l ch							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Mot • Cor • Pay • Pay • Fire	el, hotel nmercial r cable r cable-add'l ch r protection							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		• Mot • Cor • Pay • Pay • Fire • Bur	el, hotel nmercial r cable r cable-add'l ch protection glar protection							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mot • Cor • Pay • Pay • Fire • Bur <b>Other s</b>	el, hotel nmercial r cable r cable-add'l ch protection glar protection services:							
	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)		• Mot • Cor • Pay • Pay • Fire • Bur <b>Other s</b>	el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect		· · · · · · · · · · · · · · · · · · ·					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec • Dise	el, hotel nmercial cable cable-add'l ch protection glar protection services: connect connect		· · · · · · · · · · · · · · · · · · ·					
	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)		• Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Diss • Out	el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	annel						

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC	CATIONS LLC		06
	PRIMARY TRANSMITTERS:	: TELEVISION		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC 1 • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each static multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ent (for independent multicast For the meaning of these 1 <b>Column 4:</b> Give the location	d also in space I, if the station was carried tion concerning substitute basis stations, s ion's call sign. <i>Do not</i> report origination pr red with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si rried by your cable system on a si e Special Statement and Program I both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections stations carried on a substitute program m Log)—if the lso on some other lctions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDNI-1	19	1	INDIANAPOLIS, IN
	WDTI-1	69	l	INDIANAPOLIS, IN
Rows as Necessary	WFWA-3	39.3	E	INDIANAPOLIS, IN
	WFYI-1	20	E	INDIANAPOLIS, IN
	WHMB-1	40	l	INDIANAPOLIS, IN
	WISH-1	8	Ν	INDIANAPOLIS, IN
	WNDY-1	23	l	INDIANAPOLIS, IN
	WNDY-2	23.2	I-M	INDIANAPOLIS, IN
	WNDY-2 WRTV-1	23.2 6	I-M N	
				INDIANAPOLIS, IN
	WRTV-1	6	N	INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1	6 13	N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2	6 13 13	N N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2 WTHR-3	6 13 13 13.3	N N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2 WTHR-3 WTTK-1	6 13 13 13.3 29	N N I I-M I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2 WTHR-3 WTTK-1 WTTV-2	6 13 13 13 13.3 29 4.2	N N I I-M I I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2 WTHR-3 WTTK-1 WTTV-2 WXIN-1	6 13 13 13.3 29 4.2 59	N N 1 1-M 1 1 1	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2 WTHR-3 WTTK-1 WTTV-2 WXIN-1 WXIN-2	6 13 13 13.3 29 4.2 59 59.2	N N 1 1-M 1 1 1 1 1 1 1 1	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2 WTHR-3 WTTK-1 WTTV-2 WXIN-1 WXIN-2	6 13 13 13.3 29 4.2 59 59.2	N N 1 1-M 1 1 1 1 1 1 1 1	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2 WTHR-3 WTTK-1 WTTV-2 WXIN-1 WXIN-2	6 13 13 13.3 29 4.2 59 59.2	N N 1 1-M 1 1 1 1 1 1 1 1	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV-1 WTHR-1 WTHR-2 WTHR-3 WTTK-1 WTTV-2 WXIN-1 WXIN-2	6 13 13 13.3 29 4.2 59 59.2	N N 1 1-M 1 1 1 1 1 1 1 1	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN

EGAL NAME OI								SYSTEM II 0635
	t every radio s	station 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 Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under ( 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 k mark in the "S/D" column.	at the system's system's FM a this point, see p	headend, and ( ntenna, during o age (v) of the g	2) it can certain s general i	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	live the station	n's locati	the community with which the			CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2023/2					FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				063548
1	SUBSTITUTE CARRIAGE	-	-				
∎ Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ie general in		
Special	<ul> <li>During the accounting per</li> </ul>	-			sis anv nonr	network television prog	ram
Statement and	broadcast by a distant sta			i ouriy, on a ouseriate sa	olo, any nom		
Program Log	-					YES	
	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 proc	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			ato lino. Lico obbroviations	whorovor p	ossible, if their meaning	n ie
	clear. If you need more spa				s wherever p		y 15
	Column 1: Give the title	of every no	onnetwork telev	/ision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."				skample, i zeve zacy	
				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						
			when your sys	stem carried the substitute	e program. U	se numerals, with the n	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 accur	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						ogram
	effect on October 19, 1976.					-	
						N SUBSTITUTE	
		JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2023/2	FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYS	STEM ID#
Name			063548
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 servic∉ amount, se	583.60 receipts)
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 the 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 \$137,10	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)		0.00
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)	
	1. Enter the amount of grace receipte from anone K		
	1. Enter the amount of gross receipts from space K         \$         263,800.00           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		
	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# 063548
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 s, and (2) the cable system's number of channels on whic television broadcast stations number of activated channe able system carried televisior ast services	total numl th the cab the cab the cab the cab	ber of activated channe	Is during the a	accounting period		17 64
N Individual to Be Contacted		BE CONTACTED IF FURT		DRMATION IS NEEDEI	<b>D</b> (Identify an ii	ndividual		
for Further Information	Name	RODNEY HASKINS					Telephone	(903) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		ite number)				
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM		Fax (optional)		
O Certification	I, the undersigned     (Owne     (Agenting     (Agenting     (Affice     in I     X     (Office     in I     I have examined	(This statement of account n ed, hereby certify that (Check r other than corporation or cof owner other than corpor ine 1 of space B and that the 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 or</i> partnersh ration or p owner is n (if a corpo d hereby d	<i>nly one</i> , of the boxes.) <b>ip</b> ) I am the owner of the <b>partnership</b> ) I am the du ot a corporation or partn ration) or a partner (if a eclare under penalty of	e cable system Iy authorized a ership; or partnership) of law that all stat	as identified in lin igent of the owner the legal entity id imments of fact co	ne 1 of space r of the cable entified as ov	system as identified wner of the cable system
		Typed or printe	Enter sig	/s/ Alan Dannent electronic signature on th nature using an "/s/ signa	he line above to ature" (e.g., /s/		nent.	
		Title: (Title of c		PROGRAMMING	tnership)			
		Date:				2/27/2024	1	

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	06354
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
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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	-
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	_
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	_
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	_
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	-

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