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

STATEN	IENT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located		2/29/24	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.			ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMEN	NT: (YYYY/(Period))							
		2023/2 Period 1 = January 1 - June 30	e 30 Period 2 = July 1 - December 31							
		20232 Barcode Data Filing Period (o	l (optional - see instructions)							
Accounting										
Period	_									
		Instructions:								
В		Give the full legal name of the owner of the cable system. If the owner is of the subsidiary, not that of the parent corporation.	r is a subsidiary of another corporation, give the full corporate title							
Owner		List any other name or names under which the owner conducts the busin	usiness of the cable system.							
		If there were different owners during the accounting period, only the ow single statement of account and royalty fee payment covering the entire								
		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 SY	SYSTEM							
		CEQUEL COMMUNICATIONS LLC								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFI	FFERENT)							
		SUDDENLINK COMMUNICATIONS								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)								
		TYLER, TX 75701								
		(City, town, state, zip)								
С		INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
	-									
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)								

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063626
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
		OTATE
First Community	CITY OR TOWN ORIENT (PICKAWAY CORR)	STATE OH
Add Rows as Necessary		

Name	LEGAL NAME OF OWNER OF C		SYSTEM ID#							
	CEQUEL COMMUNICA	TIONS LLC							06362	
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES					
E	In General: The information in space E should cover all categories of secondary transmission service of the ca							he cable		
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary Transmission	about other services (including particular to a service of the accounting period						hose exist	ing on the		
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					•	,			
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	· · ·	,		Ty 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									
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	tiers of service	s that inc	lude one or mo	ore secon	dary transmissic	ons), list th	em, together		
	with the number of subscribers a	and rates, in th	e right-ha	and block. A tw	o- or thre	e-word descripti	on of the s	service is		
	Sufficient.							<u>```</u>		
	DLU	NO. OF	· · · · ·				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	VICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		0	-						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		49	42.41						
	Converter									
	Residential									
	Non-residential									
			I						1	
	SERVICES OTHER THAN SEC				-					
F	In General: Space F calls for ra		,		•					
•	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services									
Services	furnished at cost or (2) services	•	-		•		0.			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
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.									
	BLOCK 1									
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE	
	Continuing Services:	TUTE		tion: Non-resi		TUTE	O/ TEO		- TO CT	
	• Pay cable	-		el, hotel						
	Pay cable—add'l channel	-		mercial						
	• Fire protection		•Pay							
	•		,	cable-add'l ch	annel					
	 Burglar protection 		-	protection						
	•Burglar protection Installation: Residential								1	
	• •	-	• Bure	lar protection						
	Installation: Residential • First set		-	lar protection						
	Installation: Residential • First set • Additional set(s)		Other s			_				
	Installation: Residential • First set		Other s • Rec	ervices:		-				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec • Disc	ervices: onnect onnect						
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec • Disc • Outl	ervices: onnect	266					

unting Period: 2										
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID: 063620						
Name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: 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, <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 of license. For example, WRC is channel 4 in Washington, D.C. 									
		n case whether the station is a network ering the letter "N" (for network), "N-M" (•							
	(for independent multicast)	, "E" (for noncommercial educational), c	or "E-M" (for noncommercial education							
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		is licensed by the						
	FCC. For Mexican or Cana	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	W23BZ-1	23	I	COLUMBUS, OH						
	W23BZ-1 WBNS-1	23 10	I N	COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary			l N N							
Rows as Necessary	WBNS-1	10		COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1	10 4	N	COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2	10 4 4.2	N I-M	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1	10 4 4.2 34	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1	10 4 4.2 34 6	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						
Rows as Necessary	WBNS-1 WCMH-1 WCMH-2 WOSU-1 WSYX-1 WTTE-1	10 4 4.2 34 6 28	N I-M E	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH						

CEQUEL CO	OWNER OF OMMUNICA							SYSTEM I 0636
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat	y the sys be rece It the Co sign of the statio 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	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
Column 4: G	ive the station	n's locati	ion (the community to which the 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	
						1		

Accounting Perio	od: 2023/2					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				063626
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every noi	nnetwork televi	s <i>ion program,</i> broadcast by	a distant sta	tion, that your cable sys	tem carried on a
Out attack	substitute basis during the a explanation of the programm						
Substitute Carriage:	1. SPECIAL STATEMEN				le general ins		A1-2 10111.
Special	During the accounting per	-			sis anv nonr	network television prog	ram
Statement and	broadcast by a distant sta			rearry, on a substitute ba	515, any nom		
Program Log	-				<i></i>	YES	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the proc	jram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			ate line. Use abbreviations	wherever p	ossible, if their meaning	q is
	clear. If you need more spa	ce, please	add additional	rows to the tables.			
	Column 1: Give the title period, was broadcast by a			vision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live_ente	er "Yes." Otherwise enter '	'No "		
				asting the substitute progr			
				he community to which the			in
	the case of Mexican or Car Column 5: Give the mor			stem carried the substitute			nonth
	first. Example: for May 7 giv	ve "5/7."	, ,			,	
	Column 6: State the time to the nearest five minutes.			ogram was carried by you			ately
	stated as "6:00–6:30 p.m."	Example.	a program can	led by a system nom 0.01	. 15 p.m. to 6	.20.30 p.m. should be	
	Column 7: Enter the lett			n was substituted for prog			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.	• •	your system w				
	SI	JBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	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
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT		
						_	
						_	
							"
						—	
						_	
							
						—	

Accounting Period:	2023/2 FORM SA1-20	E. PAGE 6.
Name		FEM ID#
Hame	CEQUEL COMMUNICATIONS LLC	063626
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 c 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, se 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.	
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 \$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 \$137,00 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 \$ 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 \$527,600)	
	1. 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	
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
	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 #	
	Important: 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:	2023/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC			SYSTEM ID# 063626
M Channels	to its subscribers, 1. Enter the total r	and (2) the cable system's number of channels on which	total numl h the cab	s on which the cable system carried television broadcast stati ber of activated channels during the accounting period. e	ns
	on which the cal	number of activated channel ble system carried television st services	broadcas	it stations	25
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of account		RMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Teleph	one (903) 579-3152
		3027 S SE LOOP 32 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
о				tified and signed in accordance with Copyright Office regulati	ns)
Certification		d, hereby certify that (Check of the component of the com		<i>lly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of s	ace B; or
				artnership) I am the duly authorized agent of the owner of the o ot a corporation or partnership; or	able system as identified
		r or partner) I am an officer (ne 1 of space B.	(if a corpo	ation) or a partner (if a partnership) of the legal entity identified	s owner of the cable system
		, and correct to the best of m		eclare under penalty of law that all statements of fact contained ge, information, and belief, and are made in good faith.	erein
			X	/s/ Alan Dannenbaum	_
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING in held in corporation or partnership)	
		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.

COURSE COMMUNICATIONS LLC 06366 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Comparison of 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." Image: Comparison on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Image: Comparison on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the paper SA1-2 form. Image: Comparison on the paper SA1-2 form. Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the total here and list the satellite carrier(s) below. Image: Comparison on the paper SA1-2 form. Image: Comparison on the paper SA1-2 form. Image: Comparison on the paper SA1-2 form. Image: Comparison on there sat assessment, see page (viii) of the general ins	counting Period: 2023/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Sublit home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(1), of the Capitright Act by adding the following antence: "To 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 amount collected from subscribers receiving secondary transmissions pursuant to section 115. "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. I will be subscriber and list the satellite carrier(s) below. I will be subscriber and list the satellite carrier(s) below. I will be subscriber and list the satellite carrier(s) below. I will be subscriber and list the satellite carrier(s) below. I will be subscriber and list the satellite carrier(s) below. I will be subscriber and list the satellite carrier(s) below. I will be address I will be address I will be address I will be address I will be address of the satellite carrier(s) below. I will be address	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
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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? Image: The accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. S Image: The total here and list the satellite carrier(s) below. S Name Maining Address Image: The total here and list the satellite carrier(s) below. S Variance Maining Address Maining Address Interest Assessment. Maining Address Maining Address Interest Assessment. X X Accounting period. Care accination of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment. X X	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in	basic clude sub- n 119." Concerning Gross
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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.	in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	<u> </u>
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.	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
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