This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGH	Return completed workbook b email to	
DATE RECEIVED	 coplicsoa@copyright.gov 	
2-28-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	20242 Barcode Data Filing Period (optional - see instructions)	
Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system.	
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	35342
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	CEQUEL COMMUNICATIONS LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	SUDDENLINK COMMUNICATIONS	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701	
	(City, town, state, zip)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless a lames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	IDENTIFICATION OF CABLE SYSTEM:	
	GRAYSON, KY	
	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: SYSTEM ID#	Accounting Period:	2024/2								
CEQUEL COMMUNICATIONS LLC 035342 D Instructions: Use dissipate community served by the cable system. A "community" list the same as a "community unit" as disting community and the cable system. A "community" and the cable system. A "community and the cable system. A "community" and the cable system. A "community and the cable system. A "community" and the cable system. A "community" and the cable system. A "community and the cable system. A "community" and the cable system. A "community and the cable system. A "community" and the cable system. A "community and the cable system. A "community" and the cable system. A "community and the cable system. A "community" and the cable system. A "community and the cable system. A "community. P asset as a disting the cable system. A "community and the cable system. A "community an	Next	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
D separate and distinct community or municipal entity (including unincorporated areas and including spiee, discrete finance). Winter Server Note: Entities and properties such as holes, apartments, condominums, or mobile home park should be reported in parentheses below the identified city. First Community. Reserver All home a break GRAVSON Kine State Or DYO COUNTY KY State State	Name		035342							
First Community GRAPSON KY BOYDY KY Add Nors shleettar	Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
First Community GRAYSON KY BOY KY CARTER COUNTY KY Add Nors shleetsen										
Community KY Add hours is Restring	Firet									
CARTER COUNTY KY Add how is hearing the service of the servic										
		•••••••••••••••••••••••••••••••••••••••								
	Add Rows as Necessary									

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE				
Name	CEQUEL COMMUNICATIONS LLC												
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIP		TES								
E	In General: The information in s					/ transmission se	ervice of th	ne cable					
	system, that is, the retransmission												
Secondary	about other services (including p						iose existi	ng on the					
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken												
scribers and	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 charged for each category of service. Include both the amount of the charge and the											
	unit in which it is generally billed.	-	-	•			-						
	category, but do not include disc	· · ·	,		y otandar		mann a p						
	Block 1: In the left-hand block			-		•							
	systems most commonly provide that applies to your system. Note												
	categories, that person or entity			Ũ		0							
	subscriber who pays extra for ca						•						
	first set" and would be counted o	0			· · ·								
	Block 2: If your cable system h	-		•									
	printed in block 1 (for example, ti with the number of subscribers a												
	sufficient.		, ngin-ne	and block. A two									
	BLC	DCK 1					BLOC						
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE				
	Residential:												
	Service to first set		356	50.00									
	 Service to additional set(s) 												
	 FM radio (if separate rate) 												
	Motel, hotel												
	Commercial		37	45.95									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SECO	ONDARY TRAI	NSMISS	IONS: RATES									
F	In General: Space F calls for rat												
•	not covered in space E, that is, the service for a single fee. There are												
Services	furnished at cost or (2) services	•			•		• • • •						
Other Than	amount of the charge and the un		usually l	oilled. If any rat	es are cha	arged on a varia	ble per-pro	ogram basis,					
Secondary	enter only the letters "PP" in the rate column.												
ransmissions: Rates	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												
	BIOCK 2: List any services that your cable system turnished 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) descrip												
		BLO						BLOCK 2					
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE				
	Continuing Services:	47.00		tion: Non-resi	dential								
	• Pay cable	17.00		el, hotel									
	 Pay cable—add'l channel 	19.00		nmercial cable									
	• Fire protection		- ray	Capie									
	Fire protection Burglar protection		• Por		annal								
	•Burglar protection		-	cable-add'l ch	annel								
	•Burglar protection Installation: Residential	99 00	• Fire	cable-add'l cha	annel								
	•Burglar protection Installation: Residential • First set	99.00	• Fire • Bur	cable-add'l cha protection glar protection	annel								
	•Burglar protection Installation: Residential	99.00 25.00	• Fire • Burg Other s	cable-add'l cha	annel	40.00							
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bury Other s • Rec	cable-add'l cha protection glar protection cervices:	annel	40.00							
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bury Other s • Rec • Disc	cable-add'l cha protection glar protection cervices: connect	annel	40.00							

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTE						
Name	CEQUEL COMMUNIC	CATIONS LLC		03						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC	lentify every television station (including to em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s : With respect to any distant stations can rules, regulations, or authorizations:	 (1) stations carried only on a part- e carriage of certain network prog (e)(2) and (4))]; and (2) certain sta rried by your cable system on a su 	time basis under rams [sections ations carried on a ubstitute program						
	station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	both on a substitute basis and als see page (v) of the general instruc ogram services such as HBO, ES	so on some other ctions. PN, etc. Identify each						
	Column 2: Give the chann of license. For example, W	nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s	C	,						
	(for independent multicast For the meaning of these the Column 4: Give the locati	tering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station	tional multicast). n is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WCHS-1	8	Ν	CHARLESTON, WV						
	WCHS-2	8.2	I-M	CHARLESTON, WV						
Rows as Necessary	WCHS-HD1	8	N-M	CHARLESTON, WV						
	WCHS-HD2	8.2	I-M	CHARLESTON, WV						
	WKMR-1	38	Е	MOREHEAD, KY						
	WLPX-1	29	I	CHARLESTON, WV						
	WLPX-HD1	29	I-M	CHARLESTON, WV						
	WOWK-1	13	N	HUNTINGTON, WV						
	WOWK-2	13.2	I-M	HUNTINGTON, WV						
	WOWK-3	13.3	I-M	HUNTINGTON, WV						
		40	N-M	HUNTINGTON, WV						
	WOWK-HD1	13	1 4 - 141							
	WOWK-HD1 WQCW-1	30		PORTSMOUTH, OH						
			I I-M							
	WQCW-1	30	I	PORTSMOUTH, OH						
	WQCW-1 WQCW-2	30 30.2	l I-M	PORTSMOUTH, OH PORTSMOUTH, OH						
	WQCW-1 WQCW-2 WQCW-3	30 30.2 30.3	i I-M I-M	PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH						
	WQCW-1 WQCW-2 WQCW-3 WQCW-HD1	30 30.2 30.3 30	I I-M I-M I-M	PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV						
	WQCW-1 WQCW-2 WQCW-3 WQCW-HD1 WSAZ-1 WSAZ-2	30 30.2 30.3 30 30 3 3 3.2	I I-M I-M I-M N N N-M	PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV						
	WQCW-1 WQCW-2 WQCW-3 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3	30 30.2 30.3 30.3 30 30 30 30 30 30 30 30 30 30 30 30 30	I I-M I-M I-M N N N-M N-M	PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV						
	WQCW-1 WQCW-2 WQCW-3 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	30 30.2 30.3 30 30 30 3 3 3.2 3.3 3.3 3	I I-M I-M I-M N N N-M	PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV						
	WQCW-1 WQCW-2 WQCW-3 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1 WTSF-1	30 30.2 30.3 30.3 30 30 30 30 30 30 30 30 30 30 30 30 30	I I-M I-M I-M N N N-M N-M	PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV ASHLAND, KY						
	WQCW-1 WQCW-2 WQCW-3 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	30 30.2 30.3 30 30 30 3 3 3.2 3.3 3.3 3	I I-M I-M I-M N N N-M N-M	PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV						

	MMUNICA	TIONS	LLC						035
	every radio s	station ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0					2,0		
				-					
				-					
				-					
				-					
				-					
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Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	.C					035342			
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG							
I	In General: In space I, identit substitute basis during the ac										
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE							
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basis	s, any nonne	twork telev	<u>ision</u> progran	1			
Program Log	broadcast by a distant stat	ion?					YES	× NO			
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If vour answer is "	Yes." vou mu	Ist complet	-				
	log in block 2.				, , , , , , , , , , ,						
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst				wherever pos	sible, if the	eir meaning is	;			
	clear. If you need more space										
	period, was broadcast by a			sion program ("substitute p							
	under certain FCC rules, req										
	Do not use general categori							1.			
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,				
				"Yes." Otherwise enter "N							
				sting the substitute program							
	Column 4: Give the broat the case of Mexican or Cana	dcast statio	n's location (th	e community to which the	station is lice	nsed by the	e FCC or, in				
				em carried the substitute p			with the mor	ath			
	first. Example: for May 7 giv		when your syst		logiani. Ose	numerais,		101			
			substitute prog	gram was carried by your o	able system	List the tin	nes accurate	ly			
	to the nearest five minutes.										
	stated as "6:00–6:30 p.m."										
				was substituted for progra							
	to delete under FCC rules a was substituted for program							am			
	effect on October 19, 1976.	inning that y	our system wa			ind regulati					
								•			
					WHE	EN SUBST	ITUTE				
	S		E PROGRAM	_		IAGE OCC		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	FROM	— TO				
							_				
							_				
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Accounting Period:	2024/2		FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM ID#
				035342
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's secor (as identified in space E) during the accounting period. For a further explanation of how to co 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.	ndary transm ompute this a	ission service mount, see	9,064.48 bss receipts)
	COPYRIGHT ROYALTY FEE	-		
L 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$ 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 LES	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you n accounting period is \$52.00.	nust pay for tl	his six-month	
	Line 1. Royalty fee for accounting period			
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 26	63,800.00		
	2. Enter amount of gross receipts from space K \$ 22	29,064.48		
	3. Subtract line 2 from line 1	34,735.52		
	4. Enter the amount of gross receipts from space K	2	29,064.48	
	5. Enter the amount from line 3		34,735.52	
	6. Subtract line 5 from line 4	; 1	94,328.96	
	7. Multiply line 6 by .005 (enter figure here)		\$	971.64
	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	······	\$	971.64
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	s than \$527,	600)	
	1. Enter the amount of gross receipts from space K			
		63,800.00		
	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)		971.64	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	991.64
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form and the Excel instruction			

Accounting Period:	2024/2			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC		SYSTEM ID# 035342
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	ou must give (1) the number of channels on which the cable s, and (2) the cable system's total number of activated chan I number of channels on which the cable d television broadcast stations	nels during the accounting period.	23 246
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEED about this statement of account.)	PED (Identify an individual	
for Further Information	Name	RODNEY HASKINS	Telephone (903) 5	79-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)		
	Email	RODNEY HASKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATION	This statement of account must be certified and signed in a	accordance with Copyright Office regulations)	
O Certification	• I, the undersigr	d, hereby certify that (Check one, <i>but only one</i> , of the boxes.)		
	(Own	other than corporation or partnership) I am the owner of t	he cable system as identified in line 1 of space B; or	
		of owner other than corporation or partnership) I am the or n line 1 of space B and that the owner is not a corporation or	partnership; or	
		r or partner) I am an officer (if a corporation) or a partner (if a n line 1 of space B.		able system
		the statement of account and hereby declare under penalty of e, and correct to the best of my knowledge, information, and b on 1001(1986)]		
		X /s/ Alan Danne	nbaum	
		Enter an electronic signature on Enter signature using an "/s/ sig	the line above to certify this statement. nature" (e.g., /s/ John Smith)	
		Typed or printed name: ALAN DANNE	NBAUM	
		Title: SVP, PROGRAMMINC (Title of official position held in corporat		
		Date:	2/28/2025	

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.

EQUEL COMMUNICATIONS LLC 03534 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sector for providing secondary transmissions of primary broadcast transmitters, the system for the basic service of providing secondary transmissions or primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? Y RS. Enter the total here and list the satellite carrier(s) below. Name Maining Address Name Maining Address Nurme to 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	unting Period: 2024/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Caping'h Act by adding the following sections: The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Caping'h Act by adding the following sections: The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Caping'h Act by adding the following sections: The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Caping'h Act by adding the following sections: The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Caping'h Act by adding the following sections: The Sate and mount collidite from subacthers receiving section pursuant to section 111: The The The Sate Action 112: The The Sate and mount collidite from subacthers receiving section for the special flat structions boated in the paper SA1-2 form. The Sate and mount collection of the satellite carrier(s) below. Note: The Sate and the total here and list the satellite carrier(s) below. Note: The amount of interest rates amounts submitted as a result of a list payment or underpayment. For an explanation of interest rates' and enter the sum here Line 1. Enter the amount of late payment or underpayment. Line 3. Multiply line 3 by 0.00274** and enter the sum here	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Vexeer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- biology setting control of the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ^o For more information on when to exclude these amounts, see the nole on page (vii) of the general instructions for a secondary transmissions pursuant to section these amounts, see the nole on page (vii) of the general instructions for the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dath conners? Note: Note: Maing Address Maing Address Line 1 Enter the amount of late payment or underpayment. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate' and enter the sum here: 1 and enter the satellite carrier (s) block 3, line 6,, § 1 and enter the satellite carrier (s) block 3, line 6,, § 1 and a Site (Lique 6) block 1, line 2, or block 2, line 8, or block 3, line 6,, § 1 are 1 enter the interest rate chart of clos new yoy großenesing/inferest-rate <i>part</i> . For further assistance please contact the Legans (block 1, line 2, or block 2, line 8, or block 3, line 6,, § 1 are 1 with interest rate chart of clos new yoy großenesing/inferest-rate <i>part</i> . For further assistance please contact the Legans (block 1, line 2, or block 2, line 8, or block 3, line 6,, § 1 are 1 with which is the interest rate as a first down while do the copyright Office, please list below the owner, address, first community served, 1D number, and accounting period as given in the original filling. 0 more: Address 1D number, address 1D number, a	UEL COMMUNICATIONS LLC	035342
Name Name Malling Address Name Malling Address Name Malling Address Name 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address Image: Address Ima	YES. Enter the total here and list the satellite carrier(s) below	
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Line 3 Multiply line 2 by the number of days late and enter the sum here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 - - - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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Line 3 Multiply line 2 by the number of days late and enter the sum here		
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 <u>\$</u> (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here	
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C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials			
		Date of remittance	Check EFT	□ FILING FEES			
Cable ID #				Amount Initials			
Examined by	Reviewed by	Date examination completed	Allocation number				
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (for Jul-I	Dec period) No spaces)			
Period	□ Letter sent		Information received				
			Phone call/Date/Contact				
Space B Owner							
	Letter sent		Information received				
			Phone call/Date/Contact				
Space D Area Served							
	Letter sent		Information received				
	□ Accepted		Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	Letter sent		Information received				
and Rates		Phone call/Date/Contact					
Space G Primary Transmitters:							
Television	□ Letter sent	□ Information received					
		E] Phone call/Date/Contact				
Space H Primary Transmitters:							
Radio	Accepted	C] Phone call/Date/Contact				

		Carriage
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
□ Letter sent	□ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	□ Refund request to fiscal	
Letter sent	□ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
□ Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	