| This form is effective beginning with the January 1 to June 30, 2017, accounting period (201 | 7/1) |
|---|------|
| If you are filing for a prior accounting period, contact the Licensing Division for the correct form. | |

SA1-2E Short Form

Return completed workbook by

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

| FOR COPYRIGHT OFFICE USE ONLY |
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email to DATE RECEIVED AMOUNT coplicsoa@copyright.gov 2-28-25 \$ For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150. ALLOCATION NUMBER

| Α | ACC | COUNTING 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. | 4254 |
| | | 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, Iown, state, zip) | |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | SEYMOUR, TX | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | (City, town, state, zip code) | |
| | | | |
| Dulus and And Madda | | | |

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.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SA1-2E. PAGE 1b SYSTEM ID# | | | | | | | |
|-----------------------|--|------------------------------------|--|--|--|--|--|--|--|
| Name | CEQUEL COMMUNICATIONS LLC 00 | | | | | | | | |
| D | 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 | | | | | | | | |
| Area | | | | | | | | | |
| Served | city. | | | | | | | | |
| | CITY OR TOWN | STATE | | | | | | | |
| First | SEYMOUR | ТХ | | | | | | | |
| Community | | | | | | | | | |
| Add Rows as Necessary | | | | | | | | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | | | | | | FORM SA1 | | |
|-------------------------|--|--|--------------------|----------------------------------|-----------|--------------------|--------------|----------------|---------|--|
| Name | | | | | | | | | 00425 | |
| | | | | | | | | | | |
| Е | SECONDARY TRANSMISSION | | - | | | | | | | |
| | In General: The information in s system, that is, the retransmission | | | | | | | | | |
| 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: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | |
| scribers and Rates | down by categories of secondary each category by counting the nu | | | 0 / 1 | | | | | | |
| Rates | separately for the particular serv | | | | | | | charged | | |
| | Rate: Give the standard rate c | | | | | | | e and the | | |
| | unit in which it is generally billed. | | | | tandaro | d rate variations | within a pa | articular rate | | |
| | category, but do not include disc | | | | | | | - 41 4 1- 1- | | |
| | Block 1: In the left-hand block systems most commonly provide | • | | • | | | | | | |
| | that applies to your system. Note | : Where an inc | dividual or | organization is r | eceivir | ig service that fa | alls under o | different | | |
| | categories, that person or entity | | | - | | - | | | | |
| | subscriber who pays extra for ca | | | | | in the count unc | ler "Servic | e to the | | |
| | first set" and would be counted of Block 2: If your cable system I | | | | | onvice that are | difforont fr | om those | | |
| | printed in block 1 (for example, ti | 0 | | | | | | | | |
| | with the number of subscribers a | | | | | | | | | |
| | sufficient. | | 0 | | | • | | | | |
| | BLO | OCK 1 NO. OF | | | | | BLOC | K 2 NO. OF | | |
| | CATEGORY OF SERVICE | SUBSCRIBI | | RATE | CATI | EGORY OF SEF | RVICE | SUBSCRIBERS | RAT | |
| | Residential: | | | | | | | | | |
| | Service to first set | | 19 | 50.00 | | | | | | |
| | Service to additional set(s) | | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | | |
| | Motel, hotel | | | | | | | | | |
| | Commercial | | 15 | 45.95 | | | | | | |
| | Converter | | | | | | | | | |
| | Residential | | | | | | | | | |
| | Non-residential | | | | | | | | | |
| | | | | | | | | | | |
| _ | SERVICES OTHER THAN SEC In General: Space F calls for rat | | | | ct to all | vour cable syst | em's servi | ces that were | | |
| F | not covered in space E, that is, t | | | | | | | | | |
| | service for a single fee. There ar | • | | • | | | 0 () | | | |
| Services | furnished at cost or (2) services | | | | | | | | | |
| Other Than Secondary | amount of the charge and the un | | usually bli | ed. If any rates a | are cha | arged on a varia | bie per-pro | gram basis, | | |
| ransmissions: | enter only the letters "PP" in the rate column. 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) descrip | | T | | | | | | | |
| | | BLO | | | _ | DATE | 0.4750 | BLOCK 2 | | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | | RY OF SERVICI on: Non-resider | | RATE | CATEG | ORY OF SERVICE | RAT | |
| | Pay cable | 17.00 | Motel | | intial | | | | | |
| | Pay cable—add'l channel | 19.00 | Comr | | | | | | | |
| | Fire protection | 10.00 | • Pay c | | | | | | | |
| | •Burglar protection | | - | able-add'i chann | nel | | | | | |
| | Installation: Residential | | · · | rotection | | | | | | |
| | First set | 99.00 | | ar protection | | | | | | |
| | Additional set(s) | | Other se | • | | | | | ·[····· | |
| | | 20.00 | • Reco | | | 40.00 | | | | |
| | • FM radio (if separate rate) | | | nect | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | |
| | FM radio (if separate rate)Converter | | • Disco | nnect | | | | | | |
| | · · · / | | • Disco • Outle | | | 25.00 99.00 | | | | |

| nting Period: 2 | - | | | FORM SA1-2E. PAGE 3 | | | | | |
|---|---|--|--------------------|------------------------|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER O | | | SYSTEM ID# 004254 | | | | | |
| | CEQUEL COMMUNICATIONS LLC 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), 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. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (| | | | | | | | |
| | 1. CALL SIGN | dian stations, if any, give the name of the dian stations. | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | |
| | KAUZ-1 | 6 | N | WICHITA FALLS, TX | | | | | |
| | KAUZ-2 | 6.2 | I-M | WICHITA FALLS, TX | | | | | |
| ecessary | KERA-1 | 13 | Е | DALLAS, TX | | | | | |
| | KFDX-1 | 3 | N | WICHITA FALLS, TX | | | | | |
| | KFDX(KJBO)-2 | 3.2 | I | WICHITA FALLS, TX | | | | | |
| | KFDX-3 | 3.3 | I | WICHITA FALLS, TX | | | | | |
| | KJTL-1 | 18 | I | WICHITA FALLS, TX | | | | | |
| | KSWO-1 | 7 | N | LAWTON, OK | | | | | |
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| LEGAL NAME O | | | | | | | | SYSTEM I 0042 |
|--|---|---|---|--|--|--|---|----------------------------------|
| n General: Lis | | tation ca | rried on a separate and discre nerally receivable by your cab | | | | ied on an | н |
| eceivable if (1 on the basis of For detailed inf paper SA1-2 for Column 1: I Column 2: S Column 3: I ignal, indicate Column 4: C |) it is carried by monitoring, to ormation about rm. dentify the call State whether the f the radio stat this by placing Give the station | y the sys be receiv t the Cop sign of e he statio ion's sign g a check n's locatio | I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the | t the system's hea system's FM anter his point, see page ed by the cable sy he station is licens | adend, and (2) nna, during ce e (v) of the ge ystem as a sep 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 | |
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| Accounting Perio | d: 2024/2 | | | | | | FOR | M SA1-2E. PAGE 5. | | |
|------------------------------|---|---|---------------------------|---|-------------------------|---------------|-----------------|---------------------------|--|--|
| Name | LEGAL NAME OF OWNER OF | | | | | | | SYSTEM ID# | | |
| Name | CEQUEL COMMUNICA | TIONS LL | .C | | | | | 004254 | | |
| | SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | T AND PROGRAM LOG | | | | | | |
| | In General: In space I, identi | | | | a <i>distant</i> statio | on, that you | r cable syster | n carried on a | | |
| Substitute | substitute basis during the ac explanation of the programm | counting pe | eriod, under spe | cific present and former FC | C rules, regula | ations, or au | uthorizations. | For a further | | |
| Carriage: | 1. SPECIAL STATEMENT | | | | 0 | | | | | |
| Special | During the accounting per | ring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program | | | | | | | | |
| Statement and Program Log | broadcast by a distant stati | - | - | | • | | YES | ×NO | | |
| Trogram Log | Note: If your answer is "No | | rest of this nac | e blank If your answer is | "Ves " vou m | | | - | | |
| | log in block 2. | | rest of this pag | | res, you m | ust comple | te the progra | | | |
| | 2. LOG OF SUBSTITUTE | PROGRA | MS | | | | | | | |
| | In General: List each subst | itute progra | im on a separa | | wherever po | ssible, if th | eir meaning | is | | |
| | clear. If you need more spa | | | rows to the tables. ision program ("substitute | program") th | ot during t | ha accountin | a | | |
| | period, was broadcast by a | distant stat | ion and that yo | ur cable system substitute | d for the prod | gramming (| of another st | ation | | |
| | under certain FCC rules, re | gulations, o | or authorization | s. See page (v) of the gen | eral instruction | ons for furth | her information | on. | | |
| | Do not use general categor "NBA Basketball: 76ers vs. | | vies" or "baske | etball." List specific prograr | n titles, for ex | ample, "I L | _ove Lucy" o | r | | |
| | | | dcast live. ente | r "Yes." Otherwise enter "N | No." | | | | | |
| | Column 3: Give the call | sign of the s | station broadca | sting the substitute progra | am. | | | | | |
| | Column 4: Give the broat the case of Mexican or Can | | | ne community to which the | | | ne FCC or, in | l | | |
| | | | | tem carried the substitute | | | , with the mo | onth | | |
| | first. Example: for May 7 giv | /e "5/7." | | | | | | | | |
| | Column 6: State the time to the nearest five minutes. | es when the | e substitute pro | gram was carried by your | cable system | . List the ti | mes accurate | ely | | |
| | stated as "6:00–6:30 p.m." | | a piogram cam | | 15 p.m. to 0. | 20.30 p.m. | | | | |
| | Column 7: Enter the lette | | | was substituted for progra | | | | | | |
| | to delete under FCC rules a was substituted for program | | | | | | | gram | | |
| | effect on October 19, 1976. | | | | | and regula | | | | |
| | | | | | WHF | N SUBST | ITUTE | | | |
| | S | | E PROGRAM | | CARR | AGE 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 | <u>— то</u> | | | |
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| Accounting Period: | | SA1-2E. PAGE |
|------------------------------------|---|----------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | OO425 |
| 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 of 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, see 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. | 9,384.75 ross 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 \$263,800 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 | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | |
| 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 Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information | |
| | | |

| Accounting Period: | 2024/2 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---|---|
| Name | LEGAL NAME OF OWNER OF CABLI CEQUEL COMMUNICATIONS | | SYSTEM ID: 004254 |
| M Channels | to its subscribers, and (2) the ca 1. Enter the total number of char system carried television broa 2. Enter the total number of activ on which the cable system car | dcast stations | |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACT we can contact about this staten | ED IF FURTHER INFORMATION IS NEEDED (Identify an individual ent of account.) | |
| for Further Information | Name RODNEY H | ASKINS Telep | hone (903) 579-3152 |
| | Address 3027 S SE I (Number, street, ru TYLER, TX (City, town, state, z | ral route, apartment, or suite number) 75701 | |
| | Email ROI | ONEY.HASKINS@ALTICEUSA.COM Fax (optional | |
| O Certification | I, the undersigned, hereby certify the undersigned, hereby certify the undersigned, hereby certify the undersigned (Owner other than corport of undersection) (Agent of owner other the undersection) (Agent of owner other than corport of the undersection) (Agent of owner other the undersection) (Agent of owner other than corport of the undersection) (Agent of owner other than corport of the undersection) (Agent of owner other than corport of the undersection) (Agent of owner other than corport of the undersection) (Agent of owner other than corport of the undersection) (Agent of the undersection) | of account must be certified and signed in accordance with Copyright Office regulat hat (Check one, <i>but only one</i> , of the boxes.) oration or partnership) I am the owner of the cable system as identified in line 1 of spa han corporation or partnership) I am the duly authorized agent of the owner of the cat B and that the owner is not a corporation or partnership; or n an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as B. account and hereby declare under penalty of law that all statements of fact contained her he best of my knowledge, information, and belief, and are made in good faith. | ce B; or ole system as identified owner of the cable system |
| | | X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | _ |
| | Тура | ed or printed name: ALAN DANNENBAUM | |
| | Title | (Title of official position held in corporation or partnership) | |
| | 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.

| unting Period: 2024/2 | FORM SA1-2E. PAGE |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM IE |
| QUEL COMMUNICATIONS LLC | 00425 |
| 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." 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. | P Special Statement Concerning Gross 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? | |
| X NO | |
| YES. Enter the total here and list the satellite carrier(s) below | _ |
| Name Name 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 |
| | Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessmen |
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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 | | (enter four digit year and | l /1 (for Jan-Jun period) or /2 (for Ju | l-Dec period) No spaces) |
| Accounting Period | Letter sent | | Information received | |
| | Accepted | [| Phone call/Date/Contact | |
| Space B Owner | | | | |
| | Letter sent | [| Information received | |
| | Accepted | [| 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 | Accepted | [| Phone call/Date/Contact | |
| Space G Primary Transmitters: | | | | |
| Television | Letter sent | | Information received | |
| | Accepted | | Phone call/Date/Contact | |
| Space H Primary Transmitters: | | | | |
| Radio | Accepted | | Phone call/Date/Contact | |

Space I Substitute 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 Fees |
| 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 | |
| Accepted | Phone call/Date/Contact | |