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

STATEMENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Systems (Short Form)		\$	For additional information,
General instructions are located		·	contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
	2-28-25		
	<u></u>		4

Accounting Period 2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Instructions: 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. Ust any other name of names under which the owner on the last day of the action give the full corporate title of the subsidiary, not that of the parent corporation. Discourt on the subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Ust any other name of names under which the owner on the last day of the action give the full corporate title of the subsidiary, not that of the parent corporation. Discourt on the last day of the accounting period should submit a single statement of account and royalty fee payment correng the effer accounting period. Discourt on the last day of the accounting period should submit a single statement of account and royalty fee payment correng the effer accounting period. Discourt on the last day of the accounting period. Ceck-there if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. Discourt on the last day of the accounting period. SubdenLink Communications LLC Business of Owner Of Cable SYSTEM 3027 S SE LOOP 323 Number. Seet. India Note, give the maining address of the system, if different from the address given in space B. Discourt state. Toy town state. Apple Imanumes lineads	Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
Accounting Period			2024/2							
B 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. Ust 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. 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. 060205 If there were different owners during the accounting period. 060205 If there were different owners first filing. If not, enter the system's ID number assigned by the Licensing Division. 060205 Image: Could Communications LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Image: Could Communications BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Image: Could Communications BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Image: Could C	-		20242							
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. 060205 Check here if this is the system's first filing, if not, enter the system's ID number assigned by the Licensing Division. 060205 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC 060205 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS 060205 SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 INMINE, store, radio route, apathemet, or subte number) TYLER, TX 75701 000000000000000000000000000000000000	В		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							
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Image: Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Image: already appear in space B. 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. 1 IDENTIFICATION OF CABLE SYSTEM: 0ROFINO, ID MAILING ADDRESS OF CABLE SYSTEM:			MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
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System Identification of cable system: 0ROFINO, ID Mailing address of cable system:		TYLER, TX 75701								
1 OROFINO, ID MAILING ADDRESS OF CABLE SYSTEM:	С									
OROFINO, ID MAILING ADDRESS OF CABLE SYSTEM:	System	1	IDENTIFICATION OF CABLE SYSTEM:							
			MAILING ADDRESS OF CABLE SYSTEM:							
(Number, street, rural route, apartment, or suite number)		2	(Number, street, rural route, apartment, or suite number)							
			(Ohr. Inum ships, sin ands).							
(City, town, state, zip code)		1	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	060205							
D Area Served	CEQUEL COMMUNICATIONS LLC 060205 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 city.								
First	CITY OR TOWN OROFINO	ID STATE							
Community	COTTONWOOD	ID							
	GRANGEVILLE	ID							
Add Rows as Necessary	KAMIAH	ID							

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICAT								STEM ID 06020				
Е	SECONDARY TRANSMISSION In General: The information in s					/ transmission s	ervice o	f the cable					
_	system, that is, the retransmission			-									
Secondary	about other services (including p						nose exi	isting on the					
Transmission Service: Sub-	last day of the accounting period						lo aveto	m brokon					
scribers and	Number of Subscribers: 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 charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate												
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.												
	Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable												
	systems most commonly provide												
	that applies to your system. Note categories, that person or entity			0		•							
	subscriber who pays extra for ca						•						
		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, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a												
	sufficient.		, ngin in										
	BLC	DCK 1					BLO	CK 2					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI				
	Residential:						-						
	Service to first set		233	50.00									
	 Service to additional set(s) 												
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial		19	45.95									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SECO	ONDARY TRAI	NSMISS	IONS: RATES									
F	In General: Space F calls for rat	e (not subscrib	er) infor	mation with res	•								
Г	not covered in space E, that is, the												
Services	service for a single fee. There ar furnished at cost or (2) services	•					0.	, ,					
Other Than													
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.												
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												
Hatoo	listed in block 1 and for which a s												
	brief (two- or three-word) descrip												
		BLO	CK 1					BLOCK 2					
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SERV	/ICE	RATE	CATE	EGORY OF SERVIC	E RATE				
	Continuing Services:		Installa	ation: Non-resi	dential								
	• Pay cable	17.00		tel, hotel									
	Pay cable—add'l channel	19.00		nmercial									
	+ Fire protection		,	/ cable									
	Fire protection		• P 2 \	1 apple and -111 - 1	annei								
	•Burglar protection		,	/ cable-add'l ch									
	•Burglar protection Installation: Residential		• Fire	e protection									
	•Burglar protection Installation: Residential • First set	99.00	• Fire • Bur	e protection glar protection									
	•Burglar protection Installation: Residential • First set • Additional set(s)	99.00 25.00	• Fire • Bur Other s	e protection glar protection services:		40.00							
	•Burglar protection Installation: Residential • First set		• Fire • Bur • Bur • Rec	e protection glar protection		40.00							
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bur • Bur • Rec • Dis	e protection glar protection services: connect		40.00							

	LECAL NAME OF OWNED C			SYSTEM									
Name				0602									
	CEQUEL COMMUNIC			0002									
G	In General: In space G, id carried by your cable syste	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											
rimary smitters: levision	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car	(e)(2) and (4))]; and (2) certain sta	tions carried on a									
	• Do <i>not</i> list the station her station was carried <i>only</i> or	ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried											
	basis. For further informati Column 1: List each static	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	ee page (v) of the general instruct	ions. PN, etc. Identify each									
	of license. For example, W	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	0	,									
	educational station, by ento (for independent multicast) For the meaning of these t Column 4: Give the location	n case whether the station is a network s ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t idian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	endent), "I-M" onal multicast). is licensed by the									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION									
		28	•										
	KAYU-1	20	I	SPOKANE, WA									
	KHQ-1	6	N	SPOKANE, WA SPOKANE, WA									
Necessary			и N I-M										
Necessary	KHQ-1	6 6.2		SPOKANE, WA SPOKANE, WA									
Necessary	КНQ-1 КНQ-2	6	I-M	SPOKANE, WA									
lecessary	KHQ-1 KHQ-2 KLEW-1 KREM-1	6 6.2 3 2	I-M N N	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA									
s Necessary	KHQ-1 KHQ-2 KLEW-1	6 6.2 3	I-M N	SPOKANE, WA SPOKANE, WA LEWISTON, ID									
as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
s as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
is as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
rs as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
vs as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
is as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
is as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
is as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
<i>v</i> s as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									
vs as Necessary	KHQ-1 KHQ-2 KLEW-1 KREM-1 KUID-1	6 6.2 3 2 12	I-M N N E	SPOKANE, WA SPOKANE, WA LEWISTON, ID SPOKANE, WA MOSCOW, ID									

	OWNER OF (SYSTEM II
CEQUEL CO	MMUNICA	TIONS	LLC						0602
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								Н	
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S	it is carried by monitoring, to prmation about m. lentify the call tate whether t	rning Al y the sys be recein t the Cop sign of e the static	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the byright Office regulations on the each station carried. In is AM or FM.	Co at f sy	opyright Office re the system's hea /stem's FM anter s point, see page	egulations, an adend, and (2) nna, during ce e (v) of the ge	FM sigr) it can b ertain sta neral ins	e expected, ted intervals. tructions in the.	Primary Transmitters Radio
ignal, indicate t Column 4: G	this by placing ive the statior	a check n's locati	nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	he	station is licens	ed by the FC0			
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.							
News	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#							
Name	CEQUEL COMMUNICA	ATIONS LL	.C					060205							
	SUBSTITUTE CARRIAGE	E: SPECIAL	STATEMEN	T AND PROGRAM LOG	i										
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fur 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 CONCERNING SUBSTITUTE CARRIAGE														
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 														
Statement and															
Program Log							YES	NO							
	Note: If your answer is "No	," leave the r	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complet	te the progra	m							
	log in block 2.														
	2. LOG OF SUBSTITUTE			to line. Llos obbroviations	wherever nee	aible if the	ur meening is								
	In General: List each subs clear. If you need more spa				wnerever pos	sidle, if the	er meaning is	5							
				sion program ("substitute	program") tha	t, during th	ne accounting	3							
	period, was broadcast by a														
	under certain FCC rules, re														
	Do not use general categor "NBA Basketball: 76ers vs.		vies or daske	tball. List specific program	n titles, for ex	ampie, IL	ove Lucy or								
			lcast live, entei	"Yes." Otherwise enter "N	No."										
	Column 3: Give the call	sign of the s	tation broadca	sting the substitute progra	am.										
				e community to which the			e FCC or, in								
	the case of Mexican or Car	nation station	ns, if any, the o when your syst	em carried the substitute	station is iden	numerals	with the mo	oth							
	first. Example: for May 7 gi		when your byo		program. 000	numeraio,									
	Column 6: State the tim	es when the		gram was carried by your o				ely							
		Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	should be								
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."														
		or "P" if the l	listed program	was substituted for progra	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program										
	Column 7: Enter the lett														
	Column 7: Enter the lett	and regulatio	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	e listed progr								
	Column 7: Enter the lett to delete under FCC rules a	and regulatio nming that ye	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	e listed progr								
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatio nming that yo	ons in effect du	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if th	e listed progr ions in TTUTE	7. REASON FOR							
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation nming that your SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARR 5. MONTH	ter "P" if th nd regulati N SUBST AGE OCC 6.	e listed progr ions in TITUTE CURRED TIMES	ram							
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatio nming that yo SUBSTITUT	ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a WHE CARR	ter "P" if th nd regulati N SUBST AGE OCC 6.	e listed progr ions in TTUTE CURRED	7. REASON FOR							
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation nming that your SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARR 5. MONTH	ter "P" if th nd regulati N SUBST AGE OCC 6.	e listed progr ions in TITUTE CURRED TIMES	7. REASON FOR							
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Accounting Period:	2024/2 FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	STEM ID# 060205
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.	552.54 s 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 \$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 Due	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)	
	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		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 060205
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to	You must give (1) the number of channels on which the cable system carried television br ers, and (2) the cable system's total number of activated channels during the accounting p tal number of channels on which the cable ied television broadcast stations	
		e cable system carried television broadcast stations adcast services	116
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	RODNEY HASKINS	Telephone (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
	Email	(City, town, state, zip)	ional
O Certification	• I, the undersig	I (This statement of account must be certified and signed in accordance with Copyright Of ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in	
		 nt of owner other than corporation or partnership) I am the duly authorized agent of the ow in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B. 	
	are true, comp	ed the statement of account and hereby declare under penalty of law that all statements of fact lete, and correct to the best of my knowledge, information, and belief, and are made in good fa ction 1001(1986)]	
		Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	atement.
		Typed or printed name: ALAN DANNENBAUM	
		Title: SVP, PROGRAMMING (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.

L NAME OF OWNER OF CABLE SYSTEM: QUEL COMMUNICATIONS LLC 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."	SYSTEM ID# 060205 Р
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For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	.

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.

Cal Wor		ble rksheet	Total amount of remittance	Initials					
			Date of remittance	Check	🗆 EFT	🗆 FILIN	G FEES		
Cable ID #						Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocati	on number				
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No spa	ces)		
Period		r sent	C] Information re	eceived				
		oted	C] Phone call/Da	te/Contact				
Space B Owner									
	□ Letter	rsent	Information received						
		oted	Phone call/Date/Contact						
Space D Area Served									
	□ Letter	r sent	Ľ	Information re	eceived				
		oted	C] Phone call/Da	te/Contact				
Space E Secondary Transission									
Service Subscribers:	□ Letter	r sent	C	□ Information received					
and Rates		oted	C	Phone call/Date/Contact					
Space G Primary Transmitters:									
Television	□ Letter	rsent	C] Information r	eceived				
		oted	C] Phone call/Da	ite/Contact				
Space H Primary Transmitters:									
Radio		oted	[] Phone call/Da	ite/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	
C 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
	□ Info/add'l fee received	
□ Letter sent		