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 COPYRI	Return completed workbook by email to		
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
Cable Systems (Short Form) General instructions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at	
in the first tab of this workbook.	2-28-25	ALLOCATION NUMBER	(202) 707-8150.	
A ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (YY	YY/(Period))		
2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		

		20242 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
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 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
	-	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		BUSINESS NAME(S) OF OWNER OF CABLE STOTEM (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, lown, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a lineady appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	SOUTH WOODS PRISON
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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.

Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Hume	CEQUEL COMMUNICATIONS LLC	062592					
D Area Served	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.						
	CITY OR TOWN	STATE					
First	BRIDGETON	NJ					
Community	(SOUTH WOODS PRISON)						
Add Rows as Necessary							

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICAT	IONS LLC							06259				
	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES												
E	In General: The information in s					/ transmission s	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 categories of secondary transmission service. In general, you can compute the number of subscribers in 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.	· ·	,		y standard	d rate variations	within a p	articular 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	•		0									
	that applies to your system. Note	e: Where an inc	dividual	or organization	is receivir	ng service that f	alls under	different					
	categories, that person or entity				• •		•						
	subscriber who pays extra for ca first set" and would be counted o					in the count und	ler "Servic	e to the					
						service that are	different fr	om those					
		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.												
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF					
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE				
	Residential:												
	 Service to first set 		0	-									
	 Service to additional set(s) 												
	 FM radio (if separate rate) 												
	Motel, hotel												
	Commercial		89	42.41									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES									
F	In General: Space F calls for rat		,										
I	not covered in space E, that is, the service for a single fee. There are					,	,						
Services	Ũ		,		,		0()						
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,												
Secondary	enter only the letters "PP" in the rate column.												
Fransmissions:	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) description and include the rate for each.												
		BLO						BLOCK 2					
	CATEGORY OF SERVICE			ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVIC	E RATE				
	Continuing Services:			tion: Non-resi									
	• Pay cable	-	• Mot	tel, hotel									
	• Pay cable—add'l channel	-		nmercial									
	Fire protection			cable									
	•Burglar protection		-	cable-add'l cha	annel								
	Installation: Residential		-	protection									
	First set	-		glar protection									
	Additional set(s)	-		services:									
	• FM radio (if separate rate)			connect		-							
	Converter			connect									
				let relocation									
			• [\// ()	ve to new addre	SS								

				FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER C			SYSTEM II							
	CEQUEL COMMUNIC	ATIONS LLC		06259							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these to	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. 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" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the stati									
	FCC. For Mexican or Cana	dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the station	4. LOCATION OF STATION							
	KYW-1	3	N	PHILADELPHIA, PA							
	WCAU-1	10	N	PHILADELPHIA, PA							
s Necessary	WFMZ-1	69	N	PHILADELPHIA, PA ALLENTOWN, PA							
Necessary	WFMZ-1 WFPA-1	69 28	 	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA							
s Necessary	WFMZ-1	69	N E	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ							
Necessary	WFMZ-1 WFPA-1	69 28	 	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA							
s Necessary	WFMZ-1 WFPA-1 WNJS-1	69 28 23	 	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ							
s Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1	69 28 23 17	 	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA							
s Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1	69 28 23 17 57	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA							
rs as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1	69 28 23 17 57 6	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
rs as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
s as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
s as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
s as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
vs as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
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ws as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
vs as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
ws as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
vs as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
ws as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							
vs as Necessary	WFMZ-1 WFPA-1 WNJS-1 WPHL-1 WPSG-1 WPVI-1 WTXF-1	69 28 23 17 57 6 29	I I E I I	PHILADELPHIA, PA ALLENTOWN, PA PHILADELPHIA, PA CAMDEN, NJ PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA PHILADELPHIA, PA							

CEQUEL CO	OWNER OF O								SYSTEM 062
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) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. dentify the call tate whether the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically processo (mark in the "S/D" column. on (the community to which the the community with which the	t ti sys nis ed	he system's hea stem's FM anter point, see page I by the cable sy 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	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0	LOCATION OF STATION		UALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	.C					062592			
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG							
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried o substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth 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:											
Special	During the accounting peri	-		-	s anv nonnet	work televis	ion program	1			
Statement and	broadcast by a distant stat			ourry, or a substitute busi-	o, any nonnet			× NO			
Program Log	-						YES				
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	ist complete	the prograr	n			
	log in block 2.										
	2. LOG OF SUBSTITUTE In General: List each subst			e line. I lse abbreviations v	wherever nos	sible if their	meaning is				
	clear. If you need more space Column 1: Give the title	ce, please a of every nor	add additional r nnetwork televi	ows to the tables. sion program ("substitute p	program") tha	t, during the	accounting				
	period, was broadcast by a under certain FCC rules, reg										
	Do not use general categori							1.			
		n was broad		"Yes." Otherwise enter "N sting the substitute program			·				
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		FCC or, in				
	the case of Mexican or Can						with the mean	.46			
	first. Example: for May 7 giv		when your syst	em carried the substitute p	brogram. Use	numerais, v	with the mon	เฑ			
			substitute prog	gram was carried by your c	cable system.	List the time	es accuratel	У			
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sh	nould be				
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system v	was required	4			
	to delete under FCC rules a										
	was substituted for program	ming that y	our system was	s permitted to delete under	r FCC rules a	nd regulatio	ins in				
	effect on October 19, 1976.										
					WHE	N SUBSTI	TUTE				
	S		E PROGRAM			AGE OCCL		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		IMES — TO				
						-					
						-	_				
						-	_				
1						-	-				

Accounting Period:	2024/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 062592
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service mount, see	2,551.00
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 \$2 • 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.	63,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	iis six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
l	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
l	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 \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7.		
Name		F OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	:		SYSTEM ID# 062592		
M Channels	to its subscrit 1. Enter the t system ca 2. Enter the t	otal number of channels on w	ions	ne accounting period.	10		
N	INDIVIDUAL		RTHER INFORMATION IS NEEDED (Identify a count.)				
Individual to Be Contacted for Further Information	Name	RODNEY HASKINS	5	Telephone (903) 579)-3152		
	Address 	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)					
	Email	RODNEY.HA	SKINS@ALTICEUSA.COM	Fax (optional			
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 						
			X /s/ Alan Dannenbaum Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /	-			
		Typed or printe Title:	ted name: ALAN DANNENBAUM 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.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
QUEL COMMUNICATIONS LLC	062592
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 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
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
(interest charge) * 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.	
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** 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.	
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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	