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	Copies Copyright 200 For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

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Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2024/2     Period 1 = January 1 - June 30     Period 2 = July 1 - December 31
		20242 Barcode Data Filing Period (optional - see instructions)
		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
D		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, town, state, zip)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
5	1	VIENNA CORRECTIONAL FACILITY CENTER
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or sulte 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#					
Name	CEQUEL COMMUNICATIONS LLC	062900					
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.						
		OTATE					
First	CITY OR TOWN	STATE IL					
Community	(VIENNA CORR CENTER)						
Add Rows as Necessary							

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIB	ERS AND RA	TES							
E	In General: The information in s	pace E should o	over all	categories of	secondary							
	system, that is, the retransmission											
Secondary Transmission	about other services (including p						iose existii	ng on the				
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> 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).											
	<b>Rate:</b> 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											
	<b>3</b> ,	· · ·	,		iy stanuar		within a pa					
	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						•					
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s) "											
	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, ti											
	with the number of subscribers a	ind rates, in the	right-ha	ind block. A tw	o- or three	e-word description	on of the se	ervice is				
	sufficient.	OCK 1					BLOCK	(2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI			
	Residential:		•									
	Service to first set		0	-								
	• Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel Commercial		400	40.44								
			108	42.41								
	Converter     Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES	;							
F	In General: Space F calls for rat											
•	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services				0		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:	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
Rates					-							
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.											
	BLOCK 1							BLOCK 2				
		BLOC										
	CATEGORY OF SERVICE	r	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATE			
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER tion: Non-res		RATE	CATEG		E RATE			
		RATE	Installa			RATE	CATEG		E RATE			
	Continuing Services:	RATE	Installa • Mot	tion: Non-res		RATE	CATEG		E RATE			
	Continuing Services: • Pay cable	RATE	Installa • Mot • Con	<b>tion: Non-res</b> el, hotel		RATE	CATEG		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	● Mot ● Mot ● Con ● Pay	<b>tion: Non-res</b> el, hotel nmercial	idential	RATE	CATEG		E RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE	CATEG		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	<b>idential</b> nannel	RATE	CATEG		E RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE -	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection	<b>idential</b> nannel	RATE	CATEG		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	RATE -	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	<b>idential</b> nannel	RATE	CATEG		E RATE			
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE -	Installa • Mot • Con • Pay • Pay • Fire • Burç Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	<b>idential</b> nannel	RATE	CATEG		ERATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE -	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	<b>idential</b> nannel	RATE	CATEG		E RATI			

-				SYSTEM ID						
Name				06290						
				00230						
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> 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 informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by enti (for independent multicast) For the meaning of these t	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations</b> : 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. <b>Column 1:</b> 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. <b>Column 2:</b> 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. <b>Column 3:</b> 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								
		dian stations, if any, give the name of th	,	,						
	KBSI-1	23		CAPE GIRARDEAU, MO						
	KEVS-1	12	N	CAPE GIRARDEAU, MO						
	WDKA-1	49		PADUCAH, KY						
ecessary										
	WPSD-1	6	<u>N</u>							
	WSIL-1	3	<u>N</u>	HARRISBURG, IL						

	OWNER OF OMMUNICA								SYSTEM 0629
	every radio s	station ca	arried on a separate and discre nerally receivable by your cabl						н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether is 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 location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processor c mark in the "S/D" column. on (the community to which the the community with which the	t th sys nis ed	e system's hea stem's FM anter point, see page by the cable sy station is licens	idend, 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, ited intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGIN		3/0	LOCATION OF STATION	1	UALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio	d: 2024/2						FORM	I SA1-2E. PAGE 5	
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	.C					062900	
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG					
Substitute	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fue 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	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television	program		
Statement and Program Log	broadcast by a distant stat		-	-	-		YES	X NO	
i rogiani Log	5		reat of this new	a blank. If your anawar is "					
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete the	program	1	
	log in block 2.		MC						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their me	aning is		
	clear. If you need more space				wherever pos		annigis		
	Column 1: Give the title	of every nor	nnetwork televi	sion program ("substitute p					
	period, was broadcast by a								
	under certain FCC rules, reg Do not use general categori								
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program			ucy of		
			lcast live, enter	"Yes." Otherwise enter "N	lo."				
		•		sting the substitute progra			_		
				e community to which the			C or, in		
	the case of Mexican or Can Column 5: Give the mon			em carried the substitute p			the mon	th	
	first. Example: for May 7 giv		inten jeur ejer		oregiann ooo				
				gram was carried by your o				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. should	d be		
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system was	required	1	
	to delete under FCC rules a								
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations ir	n		
	effect on October 19, 1976.								
					WHE	N SUBSTITUT	F		
	S	UBSTITUT	E PROGRAM			AGE OCCURR		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	з то	DELETION	
						_			
						_			
						_			
						_			
						—			

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 062900
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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.	nission service Imount, see	7,467.28 ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	263,800.	
	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 t accounting period is \$52.00.	his six-month	
	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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foo and			
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)	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 m		

Accounting Period:	: 2024/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC			SYSTEM ID# 062900
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	bers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan ne cable system carried televi	's total number of activated channels hich the cable ons		5 83
N Individual to Be Contacted	we can conta	TO BE CONTACTED IF FUR	THER INFORMATION IS NEEDED ( ount.)	(Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone (90	03) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, ap TYLER, TX 75701			
	Email	(City, town, state, zip)	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accor	dance with Copyright Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) • <b>partnership)</b> I am the owner of the ca	able system as identified in line 1 of space B; or	
	(Age		pration or partnership) I am the duly a the owner is not a corporation or partn	authorized agent of the owner of the cable syste ership; or	m as identified
	X (Off	icer or partner) I am an office in line 1 of space B.	r (if a corporation) or a partner (if a par	tnership) of the legal entity identified as owner o	of the cable system
	are true, comp		d hereby declare under penalty of law my knowledge, information, and belief,	that all statements of fact contained herein and are made in good faith.	
			X /s/ Alan Dannenba Enter an electronic signature on the I Enter signature using an "/s/ signature	ine above to certify this statement.	
		Typed or print	ed name: ALAN DANNENB	AUM	
		Title:	SVP, PROGRAMMING	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.

QUEL COMMUNICATIONS LLC       062         SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS       Image: Communication of the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.°       P         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.       Secondary transmissions of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?       NO       Secondary transmissions       Secondary transmissions       Secondary transmissions       Secondary transmissions       Secondary transmissions         No       Secondary transmissions       Secondary transmissions       Secondary transmissions       Secondary transmissions       Secondary transmissions         Nime       Maling Address       Maling Address       Maling Address       Secondary transmissions       Secondary transmissions         Nume to complete this worksheet for those royally 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 Stateline home Vewer Act of 1988 amended The 17, section 111(g/t)(A), of the Copyright Act by adding the following sentence. The diatemining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amount collated from subscribers reading usedwalks pursuant to section 118. 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. The statellite carriers to satellite data overes?   No  No  No  No  No  No  No  No  No	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statilite Home Verwer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P   In determining the total number of subscribers and the gross amounts paid to the cable system for the basic concerning for section page (wi) of the general instructions include aubscribers 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 (wi) of the general instructions include aubscribers and the satellite carrier(s) below.   Carling the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?   W NO   In YES. Enter the total here and list the satellite carrier(s) below.   Starter second from the amount of late payment or underpayment.   For an explanation of interest rates assessment, see page (wii) of the general instructions located in the paper SA1-2 form.   Line 1 Enter the amount of late payment or underpayment.   For an explanation of interest rate* and enter the sum here	QUEL COMMUNICATIONS LLC	062900
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       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.       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 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. 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?	P Special Statement Concerning Gross Receipts Exclusion
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       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.       Interest Assessment         Line 1       Enter the amount of late payment or underpayment.		
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Line 2 Multiply line 1 by the interest rate* and enter the sum here		Q
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       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -       -       -       -         inspace 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       -       -       -         * To view the interest rate chart click, on it (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       -       -       -       -       -	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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ID number First community served	Owner	
First community served	Address	
First community served	ID number	
Accounting period		
	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.

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	C	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	