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

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20201	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	diary of another corporation, give the full corp	oorate title
Owner	List any other name or names under which	n the owner conducts the business of th	ne cable system.	
	If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should su ing period.	bmit a
	Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	009036
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite no	umber)		

 TYLER, TX 75701 (City, town, state, zip)

 C
 INSTRUCTIONS: 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.

 System
 IDENTIFICATION OF CABLE SYSTEM: SAN SABA, TX

 Mailing Address of CABLE SYSTEM:

 2
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CEQUEL COMMUNICATIONS LLC	009036
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 h	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	one parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First mmunity	SAN SABA	TX
Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						ç	SA1-2E	
Name	CEQUEL COMMUNICA								_	0903
	SECONDARY TRANSMISSION				TES					
Ε						y transmission	service of	he cable		
	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).									
Transmission Service: Sub-	Number of Subscribers: Bot						ble system	. broken		
scribers and	down by categories of secondar						-			
Rates	each category by counting the n							charged		
	separately for the particular serv									
	Rate: Give the standard rate of unit in which it is generally billed									
	category, but do not include disc				iy stanua		is within a			
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca					•••	•			
	first set" and would be counted of									
	Block 2: If your cable system					service that are	e different f	rom those		
	printed in block 1 (for example, t					,		, 0		
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	nd block. A tw	o- or thre	e-word descrip	tion of the	service is		
		OCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBE	RS	RATI
	Residential:									
	Service to first set		34	34.99						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		16	45.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra		,		•	• •				
•	not covered in space E, that is, t service for a single fee. There a					,	,			
Services	furnished at cost or (2) services	•			•		0 (
Other Than	amount of the charge and the un		usually b	illed. If any ra	tes are cł	narged on a var	iable per-p	rogram basis,		
	anter enly the letters "DD" in the	rate column					ana liatad			
Secondary	enter only the letters "PP" in the				ala af tha	annliaghla agus	ces ilsted.	were not		
ransmissions:	Block 1: Give the standard ra	te charged by t								
		te charged by t t your cable sys	stem furn	shed or offere	ed during	the accounting	period that			
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha	te charged by t t your cable sys separate charg	stem furn je was ma	shed or offerended or establis	ed during	the accounting	period that			
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem furn le was ma le the rate	shed or offerended or establis	ed during	the accounting	period that		2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	te charged by t t your cable sys separate charg ption and includ BLOC	stem furn je was ma de the rate CK 1	shed or offerended or establis	ed during shed. List	the accounting	period that vices in the	e form of a		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable sys separate charg ption and includ BLOO RATE	stem furn je was ma le the rate CK 1 CATEGO	shed or offere ade or establis e for each.	ed during shed. List /ICE	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by t t your cable sys separate charg ption and includ BLOO RATE	stem furn je was ma le the rate CK 1 CATEGO	shed or offere ade or establis of for each. ORY OF SER\ on: Non-resi	ed during shed. List /ICE	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sys separate charg ption and incluc BLOC RATE	stem furn le was ma de the rate CK 1 CATEGO Installati • Mote	shed or offere ade or establis of for each. ORY OF SER\ on: Non-resi	ed during shed. List /ICE	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sys separate charg ption and includ BLOC RATE 17.00	stem furn le was ma de the rate CK 1 CATEGO Installati • Mote	shed or offere ade or establis e for each. DRY OF SER\ on: Non-resi , hotel mercial	ed during shed. List /ICE	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sys separate charg ption and includ BLOC RATE 17.00	stem furn le was ma de the rate CK 1 CATEGO Installat • Mote • Comu • Pay o	shed or offere ade or establis e for each. DRY OF SER\ on: Non-resi , hotel mercial	ed during shed. List /ICE dential	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATE
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sys separate charg ption and includ BLOC RATE 17.00	stem furn e was ma de the rate CK 1 CATEGO Installate • Com • Pay o • Pay o	shed or offere ade or establis of for each. DRY OF SERV on: Non-resi , hotel mercial sable	ed during shed. List /ICE dential	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sys separate charg ption and includ BLOC RATE 17.00	stem furn e was ma de the rate CK 1 CATEGO Installati • Mote • Com • Pay o • Fire p	shed or offere ade or establis of for each. <u>ORY OF SERV</u> on: Non-resi , hotel mercial sable sable-add'l ch	ed during shed. List /ICE dential	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sys separate charg ption and includ BLO(RATE 17.00 19.00 99.00	stem furn e was ma de the rate CK 1 CATEGO Installati • Mote • Com • Pay o • Fire p	shed or offere ade or establis e for each.	ed during shed. List /ICE dential	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by t t your cable sys separate charg ption and includ BLO(RATE 17.00 19.00 99.00	stem furn e was ma de the rate CK 1 CATEGC Installat • Mote • Comm • Pay o • Fire p • Burg	shed or offere ade or establis e for each.	ed during shed. List /ICE dential	the accounting these other set	period that vices in the	e form of a BLOCK 2		RATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sys separate charg ption and includ BLO(RATE 17.00 19.00 99.00	stem furn e was ma de the rate CK 1 CATEGC Installat • Mote • Com • Pay o • Fire p • Burg Other se	shed or offere ade or establis of for each.	ed during shed. List /ICE dential	RATE	period that vices in the	e form of a BLOCK 2		RATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	te charged by t t your cable sys separate charg ption and includ BLO(RATE 17.00 19.00 99.00	stem furn e was ma de the rate CK 1 CATEGO Installati • Mote • Com • Pay 0 • Pay 0 • Fire p • Burgi Other se • Reco • Disco	shed or offere ade or establis of for each.	ed during shed. List /ICE dential	RATE	period that vices in the	e form of a BLOCK 2		RATI

counting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			009036
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1 : List each station multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, W Column 3 : Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4 : Give the locatio	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program and both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial 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
	KCEN-1	6	N	
	KNCT-1	46	E	BELTON, TX
dd Rows as Necessary	KRMA-1 KWKT-1	6 44	E	DENVER, CO
				WACO, TX
	KWTX-1	10	N	
	KXXV-1	25	N .	
	KYLE-1	28	I	BRYAN, TX

LEGAL NAME OF								SYSTEM 009
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eccivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein to the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s the station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					009036
	SUBSTITUTE CARRIAG							
1		-	-					town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		no papor o	
Special		-				notwork tolo	violon prog	rom
Statement and	During the accounting per	-	ui cable syster	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa				o program") t	hot during th		ina
	period, was broadcast by a			vision program ("substitute rour cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by th		in
	the case of Mexican or Car							
				stem carried the substitute			, with the r	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	t vour sveten	n was rom	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
				A		N SUBSTIT		7. REASON FOR
	5	1				AGE OCCU 6. TII		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
							-	
							-	
						_	-	
							_	
							-	·
							-	,
						_	_	
							-	
						_	-	
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							-	
						_	-	
						_	-	
							-	
						_	-	
							-	
							-	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 009036
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transic (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,054.56
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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		
	Line 1. Royalty fee for accounting period		<u>52.00</u> 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 \$137,1		
		,	
	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		
	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	0.00	
	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 more than the second seco		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 009036
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	7 56
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
O	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	
	 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. 	system as identified
	 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)] 	1
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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 fling, a determination that would be made by a court of law.

Dunting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	00903
 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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 	sic de sub- 19." Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
	orm. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q
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