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 COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: |
|--|------------------------|----------------------|---|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | coplicsoa@copyright.gov |
| General instructions are located in the first tab of this workbook | 03/02/21 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| A ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (YY | YY/(Period)) | |

| Α | | |
|--|------------|--|
| | ACCU | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
| | | |
| | | 2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | | |
| | | 20202 Barcode Data Filing Period (optional - see instructions) |
| A = = = : : : : : : : : : : : : : : : : | | 20202 |
| 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 |
| 1 | | |
| | | CEQUEL COMMUNICATIONS LLC |
| | | CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or sulte number) |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 |
| С | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 |
| C System | names | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) EUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| - | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| - | names | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: |
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| - | names 1 | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these to already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: DALLAS STATE CORRECTIONAL INSTITUTION |
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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: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 029155 |
|----------------------|--|--|
| D Area | Instructions: List each separate community served by the cable system. A "com- separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mol city. | munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first |
| Served | | |
| | CITY OR TOWN | STATE |
| First Community | DALLAS (DALLAS SCI) | PA |
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| ld Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | SYS | TEM ID |
|-------------------------------|---|---------------------|------------------|-------------------|---------|-----------------|------------|-----------------------|--------|
| Name | CEQUEL COMMUNICAT | | | | | | | | 02915 |
| | SECONDARY TRANSMISSION | | | | -0 | | | | |
| E | In General: The information in s | | | | | y transmission | service of | the cable | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | , , , | , | | , | | those exis | ting on the | |
| Transmission Service: Sub- | last day of the accounting period Number of Subscribers: Both | | | | | | blo svetor | brokon | |
| scribers and | down by categories of secondary | • | | | | | , | , | |
| Rates | each category by counting the n | • | | • | | • | | | |
| | separately for the particular serv | | | | | | | | |
| | Rate: Give the standard rate c unit in which it is generally billed | | | | | | | | |
| | category, but do not include disc | | | | Stanual | | s within a | | |
| | Block 1: In the left-hand block | in space E, the | form li | sts the categorie | | | | | |
| | 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 o | | | | | | | | |
| | Block 2: If your cable system | - | | • | | | | | |
| | printed in block 1 (for example, t with the number of subscribers a | | | | | • | , | - | |
| | sufficient. | ind rates, in the | ngin-na | and DIOCK. A two- | | e-word descript | | Service is | |
| | BLC | DCK 1 | | | | | BLOC | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | RS | RATE | CATE | EGORY OF SEI | RVICE | NO. OF SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 0 | - | | | | | |
| | Service to additional set(s) | | 0 | 0 | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 557 | 40.71 | | | | | |
| | Converter | | | | | | | | |
| | • Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | ISMISS | IONS: RATES | | | | | |
| F | In General: Space F calls for rat | (| ' | 1 | | , , | | | |
| F | not covered in space E, that is, t | | | | | , | , | | |
| Services | service for a single fee. There ar furnished at cost or (2) services | | | | | | | | |
| Other Than | amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | e | | | | |
| Fransmissions: Rates | Block 1: Give the standard rat Block 2: List any services that | | | | | | | twere not | |
| Nates | listed in block 1 and for which a | | | | | | | | |
| | brief (two- or three-word) descrip | tion and include | e the ra | te for each. | | | | | |
| | | BLOC | K 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE (| CATEG | ORY OF SERVIO | CE | RATE | CATEG | ORY OF SERVICE | RATE |
| | Continuing Services: | 1 | nstalla | tion: Non-reside | ential | | | | |
| | • Pay cable | | • Mot | el, hotel | | | | | |
| | Pay cable—add'l channel | - | | nmercial | | | | | |
| | Fire protection | | - | cable | | | | | |
| | •Burglar protection | | - | cable-add'l char | nnel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | • First set | | | glar protection | | | | | |
| | | - 10 | Jther s | ervices: | | | | | |
| | Additional set(s) | | - | | | | | | |
| | • FM radio (if separate rate) | | | onnect | | - | | | |
| | | | • Disc | onnect onnect | | - | | | |
| | • FM radio (if separate rate) | | • Disc • Outl | onnect | | - | | | |

| | 2020/2 | | | FORM SA1-2E. PAG |
|---|---|---|--|---|
| Name | LEGAL NAME OF OWNER C | | | SYSTEM |
| | CEQUEL COMMUNIC | CATIONS LLC | | 0291 |
| G Primary Transmitters: Television | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station 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 Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the 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 ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the- | 1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain sta ried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station | me basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community 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 |
| | WBRE-1 | 28 | N | WILKES BARRE, PA |
| | WNEP-1 | 16 | N | SCRANTON, PA |
| Add Rows as Necessary | WOLF-1 | 56 | I | HAZLETON, PA |
| | WQPX-1 | 64 | <u> </u> | SCRANTON, PA |
| | WSWB-1 | 38 | I | SCRANTON, PA |
| | WVIA-1 | 44 | Е | SCRANTON, PA |
| | WYOU-1 | 22 | N | SCRANTON, PA |
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|---|---|---|--|--|----------------------------------|--------------------------|---------------------------------|----------------------------------|
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| | every radio s | tation ca | rried on a separate and discre nerally receivable by your cab | | | | | Н |
| eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id | it is carried by monitoring, to prmation abou m. lentify the call | y the sys be recei It the Co sign of e | -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. | t the system's hea system's FM ante | adend, and (2) nna, during ce |) it can b ertain sta | be expected, ated intervals. | Primary Transmitters Radio |
| Column 3: If ignal, indicate Column 4: G | the radio stati this by placing ive the statior | ion's sigi g a checl n's locati | al was electronically process (mark in the "S/D" column. on (the community to which the the community with which the | e station is licens | ed by the FC | | | |
| 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 | | | | | | | FOR | M SA1-2E. PAGE 5 |
|--------------------------|--|---|--|---|--|--|--|-------------------------|
| Name | LEGAL NAME OF OWNER OF O | | | | | | | SYSTEM ID# 029155 |
| | SUBSTITUTE CARRIAGE | | I STATEMEN | | | | | |
| Substitute | In General: In space I, identi substitute basis during the ac explanation of the programm | fy every non ccounting pe | network televisi priod, under spe | <i>ion program,</i> broadcast by a cific present and former FC | a <i>distant</i> static C rules, regula | ations, or au | thorizations. | For a further |
| Carriage: | 1. SPECIAL STATEMENT | - | | | <u> </u> | | <u>- F-F</u> | |
| Special Statement and | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonne | twork televi | sion progran | n |
| Program Log | broadcast by a distant stat | tion? | | | | L | YES | × NO |
| | Note: If your answer is "No' | ', leave the | rest of this pag | e blank. If your answer is | "Yes," you mu | ust complet | e the progra | m |
| | log in block 2. | | | | | | | |
| | period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | itute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the and regulation ming that y | im on a separa add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the c when your syst substitute prog- program carrie listed program ons in effect du | rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra be community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period | program") tha d for the prog eral instruction n titles, for ex lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let | t, during th ramming of ns for furthe ample, "I Lo nsed by the tiffied). numerals, List the tin 28:30 p.m. s our system ter "P" if the | e accounting f another sta er information ove Lucy" or e FCC or, in with the mon nes accurate should be was <i>require</i> e listed progr | tion n. hth ly |
| | s | UBSTITUT | E PROGRAM | | | N SUBST | | 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 | | TIMES — TO | DELETION |
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| Accounting Period: | 2020/2 | FORM SA | 1-2E. PAGE 6 |
|---|--|------------------------------|---------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SI | STEM ID# 029155 |
| 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. | ission service mount, see | 5,997.33 ss 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 \$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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | 263,800 | |
| | 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 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 |
| | 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K | | |
| | 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | | 0.00 |
| | 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 | 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 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # <u>Important:</u> 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: | 2020/2 | | | | | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|--|---|---|---|-------------------------|
| Name | | WNER OF CABLE SYSTEM: MUNICATIONS LLC | | | | SYSTEM ID# 029155 |
| M Channels | to its subscriber 1. Enter the tota system carrie | s, and (2) the cable system's to I number of channels on which | otal num | els on which the cable system carried te ber of activated channels during the act | counting period. | 7 |
| | | cable system carried television dcast services | | ast stations | | 45 |
| N Individual to Be Contacted | | BE CONTACTED IF FURTHE about this statement of account | | DRMATION IS NEEDED (Identify an ind | lividual to whom | |
| for Further Information | Name Address | RODNEY HASKINS 3027 S SE LOOP 323 | | | Telephone | (903) 579-3152 |
| | | (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip) | ient, or su | te number) | | |
| | Email | RODNEY.HASKI | INS@A | LTICEUSA.COM | Fax (optional | |
| O Certification | I, the undersigne (Owne (Agent | d, hereby certify that (Check one r other than corporation or par of owner other than corporati in line 1 of space B and that the | e, <i>but on</i> Irtnershi ion or p | p) I am the owner of the cable system as artnership) I am the duly authorized ager s not a corporation or partnership; or | identified in line 1 of space E nt of the owner of the cable s | ystem as identified |
| | I have examined | in line 1 of space B. the statement of account and he le, and correct to the best of my | ereby de | ation) or a partner (if a partnership) of the clare under penalty of law that all stateme ge, information, and belief, and are made | ents of fact contained herein | ter of the cable system |
| | | | | /s/ Alan Dannenbaum electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Joh | | |
| | | Typed or printed r | name: | ALAN DANNENBAUM | | |
| | | | | PROGRAMMING I position held in corporation or partnership) | | |
| | | Date: | | | 2/25/2021 | |

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.

| | FORM SA1-2E. PAGE 8 |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| QUEL COMMUNICATIONS LLC | 029155 |
| 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- towing 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? NO | P Special Statement 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessment |
| x | Interest Assessment |
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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.