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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

SA1-2E Short Form

by email to:

Return completed workbook

coplicsoa@copyright.gov

For additional information,

contact the U.S. Copyright

General instru	uctions	are located	03/02/21					he U.S. Copyright censing Division at:
in the first tab	of this	workbook			ALLOCATIO	N NUMBER) 707-8150
							1	
]	
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT:	(YYYY/(Period))			
			Period 1 = January 1 - June 30	Por	iod 2 = July 1 - De	combor 31		
		2020/2		1.01	100 2 - 001y 1 - 00			
			-					
		20202	2 Barcode Data Filing Period (opt	tional - see i	nstructions)			
Accounting								
Period								
		Instructions:						
В		Give the full legal name of the owner of t	,	subsidiary of	another corporati	on, give the full cor	porate title	
D		of the subsidiary, not that of the parent of	corporation.					
Owner		List any other name or names under which	ch the owner conducts the busines	s of the cable	e system.			
		If there were different owners during the				ing period should su	ubmit a	
		single statement of account and royalty f	ee payment covering the entire ac	counting per	iod.		E	202070
		Check here if this is the system's first filin	g. If not, enter the system's ID nur	nber assigne	d by the Licensing I	Division.	Ĺ	003979
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYS	ГЕМ				
		CEQUEL COMMUNICATIONS LLC						
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFER	ENT)				
				,				
		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)						
С		RUCTIONS: In line 1, give any busin s already appear in space B. In line						
System		IDENTIFICATION OF CABLE SYSTEM:	, 0 0	,	,		<u> </u>	
•	1	FORT SCOTT, KS						
		MAILING ADDRESS OF CABLE SYSTEM	И:					
	2							
	2	(Number, street, rural route, apartment, or suite	number)					
		(City, town, state, zip code)						
Privacy Act Notic	e: Sectio	n 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to coll	lect the perso	nally identifying info	ormation (PII) reque	sted on this	

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

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 suffciency of the fling, 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	00397
	Instructions: List each separate community served by the cable system. A "com	munity" is the same as a "community unit" as defined in FCC rules
D	"a separate and distinct community or municipal entity (including unincorporate	ed communities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	ou list will serve as a form of system identification hereafter knov
	as the "first community." Please use it as the first community on all future filing	S.
•	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	FORT SCOTT	KS
Community		
Community	BOURBON COUNTY(PORTION)	KS
d Rows as Necessary		

	1							-	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	CEQUEL COMMUNICA	TIONS LLC							00397
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIBE	RS AND RATE	ES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	, , ,	,		,		those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	-					•		
Rates	each category by counting the n			0,0				s charged	
	separately for the particular server Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc	· ·	,		Standart		is within a		
	Block 1: In the left-hand block				of seco	ndary 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					ervice that are	e different t	from those	
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a	and rates, in th	e right-han	d block. A two-	or three	-word descript	tion of the	service is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF		DATE	CATE			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CATE	GORY OF SEI	NICE	SUBSCRIBERS	RATE
	Service to first set		912	24.00					
			912	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		30	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NEMISSIC						
_	In General: Space F calls for ra				ect to all	vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is, t		,	•					
	service for a single fee. There a	•		•			0 (,	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually bill	ed. If any rates	are cha	rged on a var	lable per-p	rogram basis,	
ransmissions:	Block 1: Give the standard ra		he cable sy	stem for each	of the a	oplicable servi	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a		,		ed. List tl	nese other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	ption and inclue	de the rate	for each.			_		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGOF	RY OF SERVIC	E	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installatio	n: Non-resider	ntial				
	• Pay cable	17.00	 Motel, 	hotel					
	 Pay cable—add'l channel 	19.00	Comm	ercial					
	Fire protection		• Pay ca	ble					
	 Burglar protection 		• Pay ca	ble-add'l chann	nel				
	Installation: Residential		• Fire pr	otection					
	• First set	99.00	• Burgla	r protection					
	 Additional set(s) 	25.00	Other serv	/ices:					[
	• FM radio (if separate rate)		Recon	nect		40.00			T
	Converter		 Discon 	nect					
	• Converter			nect relocation		25.00			
	• Converter		Outlet			25.00 99.00			

	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
		ATIONS LLC		00397
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, idea carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1 : List each station multicast stream associated "WETA-2" as the same on th Column 2 : Give the channe of license. For example, WF Column 3 : Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4 : Give the location	TELEVISION intify every television station (including in m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6) is explained in the next paragraph. With respect to any distant stations can alse, regulations, or authorizations: the in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra- 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	elevision stations) time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT-1	19	E	KANSAS CITY, MO
	KCWE-1	29	I	KANSAS CITY, MO
Rows as Necessary	KCWE-1 KCWE-2	29 29.2	I I-M	
ows as Necessary				KANSAS CITY, MO
s as Necessary	KCWE-2	29.2	I-M	KANSAS CITY, MO KANSAS CITY, MO
as Necessary	KCWE-2 KCWE-HD1	29.2 29	I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1	29.2 29 14	i-M i-M i	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS
as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1	29.2 29 14 14		KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS
as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1	29.2 29 14 14 7 7 7	I-M I-M I I N N N-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS
; as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1	29.2 29 14 14 7 7 7 12		KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS
as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1	29.2 29 14 14 7 7 7 12 12 12	I-M I-M I I N N N-M N-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO
is as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1	29.2 29 14 14 7 7 7 12 12 12 16	I-M I-M I I I-M N N N-M N N-M N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO
s as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1	29.2 29 14 14 7 7 7 12 12 12 16 16 16	I-M I-M I I I-M N N-M N N-M N N-M N N-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
s as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1 KTWU-1	29.2 29 14 14 7 7 7 12 12 12 16 16 16 16 11	I-M I-M I I N N N-M N N-M N-M N N-M E	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
ws as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1	29.2 29 14 14 7 7 7 12 12 12 16 16 16	I-M I-M I I I-M N N-M N N-M N N-M N N-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
ws as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1 KTWU-1	29.2 29 14 14 7 7 7 12 12 12 16 16 16 16 11	I-M I-M I I N N N-M N N-M N-M N N-M E	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
ows as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1 KTWU-1	29.2 29 14 14 7 7 7 12 12 12 16 16 16 16 11	I-M I-M I I N N N-M N N-M N-M N N-M E	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
tows as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1 KTWU-1	29.2 29 14 14 7 7 7 12 12 12 16 16 16 16 11	I-M I-M I I N N N-M N N-M N-M N N-M E	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
Rows as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1 KTWU-1	29.2 29 14 14 7 7 7 12 12 12 16 16 16 16 11	I-M I-M I I N N N-M N N-M N-M N N-M E	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
Rows as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1 KTWU-1	29.2 29 14 14 7 7 7 12 12 12 16 16 16 16 11	I-M I-M I I N N N-M N N-M N-M N N-M E	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
Rows as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1 KTWU-1	29.2 29 14 14 7 7 7 12 12 12 16 16 16 16 11	I-M I-M I I N N N-M N N-M N-M N N-M E	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
Rows as Necessary	KCWE-2 KCWE-HD1 KFJX-1 KFJX-HD1 KOAM-1 KOAM-HD1 KODE-1 KODE-HD1 KSNF-1 KSNF-HD1 KTWU-1	29.2 29 14 14 7 7 7 12 12 12 16 16 16 16 11	I-M I-M I I N N N-M N N-M N-M N N-M E	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO

CEQUEL CO	MMUNICA	TIONS	LLC						003
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, 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 vive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C item whenever it is received a ved at the headend, with the 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 syst this sed I	e system's he em's FM ante point, see pag by the cable s tation is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se red by the FC	?) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D			CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	(JALL SIGN		5/D	LOCATION OF STATION	
				<u> </u>					
				<u> </u>					
				[
				<u> </u>					
				_					

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					003979
	SUBSTITUTE CARRIAG				G			
1					-	4 ¹		4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			/// 2 Ionn.
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer is	"Yes " vouu	must comple	te the proc	
					5 103, you i	nust comple	te the prog	Jian
	log in block 2.		MC					
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Lisa abbraviation	whorever p	occiblo if the	ir moonin	a ic
	clear. If you need more spa				s wherever p		en meaning	y is
				vision program ("substitute	e program") t	hat, during th	ne account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			۵/ ۳ OU	(N.L. 11			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car						0001,	
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."							in a
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ografii
	effect on October 19, 1976		your system w			o ana regulat		
	,							1
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_		
					·		-	
							-	
						_		
							-	
						_	-	,
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						_		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 003979
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ransmission service
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 eq • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or eq • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pr accounting period is \$52.00 Line 1. Royalty fee for accounting period	
	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	······
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$	\$137,100)
	1. Base amount under statutory formula \$ 263,80	0.00
	2. Enter amount of gross receipts from space K \$ 256,44	9.15
	3. Subtract line 2 from line 1	0.85
	4. Enter the amount of gross receipts from space K	256,449.15
	5. Enter the amount from line 3	7,350.85
	6. Subtract line 5 from line 4	249,098.30
	7. Multiply line 6 by .005 (enter figure here)	\$ 1,245.49
	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	\$ 1,245.49
	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 \$ 263,80	0.00
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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)	1,245.49
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,265.49
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the R See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	

Accounting Period:	2020/2							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE							SYSTEM ID# 003979
M Channels	 to its subscribers, and Enter the total numbra system carried televion Enter the total numbra on which the cable system 	st give (1) the number of (2) the cable system's to ber of channels on which sion broadcast stations ber of activated channel ystem carried television ervices	total number of a th the cable the cable s ls n broadcast statio	stivated channels durin	ng the acc	counting period.	stations	13 239
N Individual to Be Contacted for Further	we can contact about t	CONTACTED IF FURTH this statement of accourt		ON IS NEEDED (Ident	tify an inc		elephone	(903) 579-3152
Information	Address 302 (Num	27 S SE LOOP 323 aber, street, rural route, apart LER, TX 75701 , town, state, zip)		n				303) 573-5132
	Email	RODNEY.HAS	KINS@ALTICE	USA.COM		Fax (optional)		
O Certification	(Owner othe (Agent of ov in line 1 X (Officer or in line 1 • I have examined the s	ereby certify that (Check of er than corporation or p wner other than corpor of space B and that the of partner) I am an officer (of space B. statement of account and correct to the best of m	one, <i>but only one</i> , partnership) I am ration or partners owner is not a cor (if a corporation) of d hereby declare u y knowledge, info	of the boxes.) the owner of the cable hip) I am the duly author poration or partnership; r a partner (if a partners nder penalty of law that	system a orized ag or ship) of th t all stater	is identified in line 1 ent of the owner of he legal entity identi ments of fact contai	of space I the cable s ified as ow	system as identified ner of the cable system
		Typed or printer	Enter an electron Enter signature o	ic signature on the line a sing an "/s/ signature" (e	above to o e.g., /s/ J		t.	
		Title: (Title of o	SVP, PROG	RAMMING)			
		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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	00397
 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 Y ES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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
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