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	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form) General instructions are located	03/02/21	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	'YY/(Period))	J
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	0202 Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period			
B Instructions: Give the full legal name of the owner the subsidiary, not that of the parent		diary of another corporation, give the full corp	orate title of
Owner List any other name or names under	which the owner conducts the business of th	e cable system.	
	the accounting period, only the owner on the payment covering the entire accounting period.	he last day of the accounting period should sul riod.	bmit a single
Check here if this is the system's first	filing. If not, enter the system's ID number a	ssigned by the Licensing Division.	063544
	LING ADDRESS OF CABLE SYSTEM		
CEQUEL COMMUNICATIONS L			
	R OF CABLE SYSTEM (IF DIFFERENT)	)	
	NS		
SUDDENLINK COMMUNICATIO			
MAILING ADDRESS OF OWNER 3027 S SE LOOP 323	OF CABLE SYSTEM		
MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
MAILING ADDRESS OF OWNEF 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	R OF CABLE SYSTEM	tife the business and exercise of the	
MAILING ADDRESS OF OWNER 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip) INSTRUCTIONS: In line 1, give any b	R OF CABLE SYSTEM	ntify the business and operation of the e system, if different from the address	
MAILING ADDRESS OF OWNEF         3027 S SE LOOP 323         (Number, street, rural route, apartment, or         TYLER, TX 75701         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any b         names already appear in space B. In         System         1	R OF CABLE SYSTEM suite number) pusiness or trade names used to ider line 2, give the mailing address of th		
MAILING ADDRESS OF OWNER         3027 S SE LOOP 323         (Number, street, rural route, apartment, or         TYLER, TX 75701         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any to         names already appear in space B. In         IDENTIFICATION OF CABLE SYSTEM	R OF CABLE SYSTEM suite number) pusiness or trade names used to ider line 2, give the mailing address of th EM: N		

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

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063544
D	Instructions: List each separate community served by the cable system. A "comi 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	communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first
Area Served	city.	
_		STATE
First Community	MICHIGAN CITY (INDIANA ST PRISON)	IN
,		
ws as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SY	STEM ID
Name									06354
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
_	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla avatam	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				ry standa		o within a		
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o							6	
	Block 2: If your cable system printed in block 1 (for example, t	-		-					
	with the number of subscribers a					•	,	-	
	sufficient.		-						
	BLC	DCK 1 NO. OF					BLOCH	X 2     NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		64	40.71					
	Converter     Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES					
F	In General: Space F calls for rat	<b>`</b>	,		•	, ,			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		sually I	oilled. If any ra	tes are ch	arged on a var	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the	rate column.					cas listad		
			a cahla	system for ea	ch of the	annlicahla sarvi		t were not	
Rates	Block 1: Give the standard rat Block 2: List any services that	e charged by the							
Rates	Block 1: Give the standard rat	e charged by the your cable system	em furr	ished or offere	ed during	the accounting	period that		
Rates	Block 1: Give the standard rat Block 2: List any services that	e charged by the your cable syste separate charge	em furr was m	ished or offere ade or establis	ed during	the accounting	period that		
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e charged by the your cable syste separate charge	em furr was m the rat	ished or offere ade or establis	ed during	the accounting	period that		
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	e charged by the your cable syste separate charge tion and include BLOCI RATE C	em furr was m the rat < 1 ATEG	ished or offer ade or establis e for each. DRY OF SERV	ed during shed. List /ICE	the accounting	period that vices in th	e form of a	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	e charged by the your cable syste separate charge tion and include BLOCI RATE C	em furr was m the rat ( 1 ATEGO	iished or offer ade or establis e for each. DRY OF SER\ ion: Non-resi	ed during shed. List /ICE	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	e charged by the your cable syste separate charge tion and include BLOCI RATE C	em furr was m the rat <u>K 1</u> ATEGO <b>Istallat</b> • Mote	ished or offere ade or establis e for each. DRY OF SER\ <b>ion: Non-resi</b> el, hotel	ed during shed. List /ICE	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	e charged by the your cable syste separate charge tion and include BLOCI RATE C	em furr was m the rat <u>K 1</u> <u>ATEGO</u> • Mote • Com	ished or offere ade or establis e for each. DRY OF SER\ ion: Non-resi el, hotel mercial	ed during shed. List /ICE	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	e charged by the your cable syste separate charge tion and include BLOCI RATE C	em furr was m the rat ATEGO stallat • Mote • Com • Pay	ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable	ed during shed. List /ICE dential	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that 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	e charged by the your cable syste separate charge tion and include BLOCI RATE C	em furr was m the rat ATEGO stallat • Mote • Com • Pay • Pay	ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l ch	ed during shed. List /ICE dential	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	e charged by the your cable syste separate charge tion and include BLOCI RATE C	em furr was m the rat ATEGO • Mote • Com • Pay • Pay • Fire	ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l ch protection	ed during shed. List /ICE dential	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s 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	e charged by the system separate charge system separate charge tion and include BLOCH RATE C	em furr was m the rat ATEGO • Stallat • Mote • Com • Pay • Pay • Fire • Burg	ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l ch	ed during shed. List /ICE dential	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	e charged by the system separate charge system separate charge tion and include BLOCH RATE C	em furr was m the rat ATEGO stallat • Mote • Com • Pay • Pay • Fire • Burg other s	ished or offere ade or establis e for each. DRY OF SER\ ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection	ed during shed. List /ICE dential	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	e charged by the system separate charge system separate charge tion and include BLOCH RATE C	em furr was m the rat ATEGO • Stallat • Mote • Com • Pay • Pay • Fire • Burg • Reco	ished or offere ade or establis e for each. DRY OF SER\ ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection ervices:	ed during shed. List /ICE dential	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE
Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s 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)	e charged by the system separate charge system separate charge tion and include BLOCH RATE C	em furr was m the rat ATEGO Stallat • Mote • Com • Pay • Pay • Fire • Burg ther so • Reco	DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection protection	ed during shed. List /ICE dential	the accounting these other ser	period that vices in th	e form of a BLOCK 2	E RATE

nting Period: 2	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 06354
				06354
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 informatio <b>Column 1</b> : List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channel of license. For example, W <b>Column 3</b> : Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination put d with a station according to its over-the	(1) stations carried only on a part-tim le carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute by special Statement and Program Loc le both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESPN -air designation. For example, report vision station for broadcasting over the station, an independent station, or a re for network multicast), "I" (for independent for network multicast), "I" (for independent station, or a re for network multicast), "I" (for independent station), or a re for network multicast), "I" (for independent station), or a re for network multicast), "I" (for independent), "I" (for independen	e basis under ns [sections ons carried on a stitute program bg)—if the on some other ns. J, etc. Identify each t multistream he air in its community honcommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBBM-1	2	N	CHICAGO, IL
	WCHU-1	61	I	CHICAGO, IL
ws as Necessary	WCIU-3	26	I	CHICAGO, IL
	WCPX-1	38	I	CHICAGO, IL
	WFLD-1	32	I	CHICAGO, IL
	WGBO-1	66	I	JOLIET, IL
	WGN-1	9	I	CHICAGO, IL
	WHME-1	46	I	SOUTH BEND, IN
	WJYS-1	62	I	HAMMOND, IN
	WLS-1	7	Ν	CHICAGO, IL
	WMAQ-1	5	N	CHICAGO, IL
	WPWR-1	50	I	GARY, IN
	WSNS-1	44	I	CHICAGO, IL
	WTTW-1	11	E	CHICAGO, IL
	WXFT-1	60	I	AURORA, IL
	WYCC-1	20	E	CHICAGO, IL
	WYIN-1	56	Е	GARY, IN

EGAL NAME OF								SYSTEM 063
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag red by the cable s ne station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0	) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		e/D	LOCATION OF STATION			e/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063544
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG				
L Substitute	<b>In General:</b> In space I, identi substitute basis during the are explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				-			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork telev	ision prograr	n
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mi	ust complet	te the progra	m
	log in block 2.			-	-	-		
	2. LOG OF SUBSTITUTE		-					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program	ace, please a of every nou distant stati gulations, o ries like "mo Bulls." m was broad	add additional i nnetwork televi ion and that yo ir authorization vies" or "baske dcast live, ente	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N	program") tha d for the prog eral instructio n titles, for ex No."	at, during th ramming c ns for furth	ne accounting of another sta er informatio	) tion n.
	Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give	adcast static nadian statio nth and day ve "5/7." es when the	on's location (th ons, if any, the o when your sys substitute pro	tem carried the substitute gram was carried by your	station is lice station is ider program. Use cable system	ntified). e numerals, . List the tir	, with the mor mes accurate	
		and regulation nming that y	ons in effect du	а а	; enter the let r FCC rules a	ter "P" if th and regulat	e listed progr ions in	
			E PROGRAM		WHEN SUBSTITUTE           CARRIAGE OCCURRED         7.           5. MONTH         6. TIMES		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>то</u>	
		+						
		+						
		+				+		
		+						
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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	S	STEM ID 063544
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	5,533.00 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
	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 \$137,1		52.00
	1. Base amount under statutory formula       \$       263,800.00         2. Enter amount of gross receipts from space K		
	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		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063544
<b>M</b> Channels	to its subscriber 1. Enter the tota	ou must give (1) the number of s, and (2) the cable system's to I number of channels on which ed television broadcast stations	tal number of ac	tivated channels during the a	accounting period.	17
	on which the	Il number of activated channels cable system carried television dcast services	broadcast static			50
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account		DN IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	(Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	ent, or suite number	)		
	Email	RODNEY.HASKI	NS@ALTICEU	SA.COM	Fax (optional	
о	CERTIFICATION	(This statement of account mus	t be certified and	d signed in accordance with C	Copyright Office regulations)	
Certification		d, hereby certify that (Check one r other than corporation or par			as identified in line 1 of space B	3: or
	(Agent	of owner other than corporati	on or partnersh	<b>ip)</b> I am the duly authorized ag		
	X (Office	in line 1 of space B and that the er or partner) I am an officer (if a in line 1 of space B.			ne legal entity identified as owr	ner of the cable system
		the statement of account and he te, and correct to the best of my ion 1001(1986)]				
			X /s/ Al	an Dannenbaum		
				c signature on the line above to ing an "/s/ signature" (e.g., /s/ J	,	
		Typed or printed r	name: ALA	N DANNENBAUM		
			SVP, PROGI of official position h	RAMMING eld 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06354
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     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.	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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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.