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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
8/29/24	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20241 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: 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
		CEQUEL COMMUNICATIONS LLC
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	GRAYSON, KY 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 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 filling, a determination that would be made by a court of law.

	_	FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Numb	CEQUEL COMMUNICATIONS LLC	0353				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known					
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the				
Area Served	identified city.					
	CITY OR TOWN	STATE				
First	GRAYSON	KY				
Community	BOYD COUNTY	KY				
	CARTER COUNTY	KY				
Rows as Necessary						
		······································				

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 035342

FORM SA1-2E, PAGE 2

### CEQUEL COMMUNICATIONS LLC

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 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).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	366	50.00			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	36	45.95			
Converter					
Residential					
Non-residential					
		<b>†</b>		·	

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 035342

# G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WCHS-1	8	N	CHARLESTON, WV
WCHS-2	8.2	I-M	CHARLESTON, WV
WCHS-HD1	8	N-M	CHARLESTON, WV
WCHS-HD2	8.2	I-M	CHARLESTON, WV
WKMR-1	38	E	MOREHEAD, KY
WLPX-1	29	<u>l</u>	CHARLESTON, WV
WLPX-HD1	29	I-M	CHARLESTON, WV
WOWK-1	13	N	HUNTINGTON, WV
WOWK-2	13.2	I-M	HUNTINGTON, WV
WOWK-3	13.3	I-M	HUNTINGTON, WV
WOWK-HD1	13	N-M	HUNTINGTON, WV
WQCW-1	30	<u>l</u>	PORTSMOUTH, OH
WQCW-2	30.2	I-M	PORTSMOUTH, OH
WQCW-HD1	30	I-M	PORTSMOUTH, OH
WSAZ-1	3	N	HUNTINGTON, WV
WSAZ-2	3.2	N-M	HUNTINGTON, WV
WSAZ-3	3.3	N-M	HUNTINGTON, WV
WSAZ-HD1	3	N-M	HUNTINGTON, WV
WTSF-1	61	l	ASHLAND, KY
WVAH-1	11	<u> </u>	CHARLESTON, WV
WVPB-1	33	E	HUNTINGTON, WV
WVPB-HD1	33	E-M	HUNTINGTON, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 035342

### **CEQUEL COMMUNICATIONS LLC**

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	T =	I a:-	I	1	I	I o :-	
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 CEQUEL COMMUNICA							SYSTEM ID# 035342		
	CEQUEL COMMUNICA	TIONS L	LG					035342		
   Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televi eriod, under sp	ision program, broadcast by pecific present and former F	<i>i</i> a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further		
Carriage: Special		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and Program Log										
	log in block 2.	- BBOOD 4	110							
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program									
	effect on October 19, 1976.				T WHE	N SUBST	TITUTE			
	SI	JBSTITUT	E PROGRAM	1	l I	AGE OC		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			DELETION		
		163 01 140	OALL SIGN	4. STATIONS EGGATION	AND DAT	TIVOW	<u>— то</u>			
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Accounting Period:	2024/1			FORM S	SA1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			,	035342			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.  \$ 238,398.02 IMPORTANT: You must complete a statement in space P concerning gross receipts.							
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 \$263,800 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 \$137,1							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00.	fee that yo	ou must pay for	this six-month				
	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	s 1 and 2		· •				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mo	re than \$137,1	100)				
	Base amount under statutory formula	\$	263,800.00	_				
	Enter amount of gross receipts from space K	\$	238,398.02	_				
	3. Subtract line 2 from line 1	\$	25,401.98	_				
	Enter the amount of gross receipts from space K		\$ :	238,398.02				
	5. Enter the amount from line 3		\$	25,401.98				
	6. Subtract line 5 from line 4		\$ :	212,996.04				
	7. Multiply line 6 by .005 (enter figure here)			\$	1,064.98			
	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	nd 8		\$	1,064.98			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but I	ess than \$527	,600)				
	Enter the amount of gross receipts from space K			_				
	Base amount under statutory formula	\$	263,800.00	_				
	3. Subtract line 2 from line 1			_				
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	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,	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)		\$	1,064.98				
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			\$	1,084.98			
	EFT Trace # or TRANSACTION ID #			]				
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 form and the Ex		-					

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7		
Name		OWNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 035342		
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	number of channels on which television broadcast stations number of activated channels able system carried television	otal numl		ecounting period.	209		
N Individual to		BE CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an in	dividual			
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152		
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartn TYLER, TX 75701 (City, town, state, zip)  RODNEY.HASK	nent, or sui	ite number)	Fax (optional)			
					/			
O Certification	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 B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • 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)]							
		Tuned or printed	Enter sign	/s/ Alan Dannenbaum electronic signature on the line above to a nature using an "/s/ signature" (e.g., /s/ J				
		Title:	SVP, I	ALAN DANNENBAUM  PROGRAMMING on held in corporation or partnership)				
		Date:			8/29/2024			

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statellite Home Viewer Act of 1983 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 seacondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 110." 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 statellitic carriers to satellite dish owners?"  X NO  YES. Enter the total here and list the satellite carrier(s) below.  S  Name  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.  Line 1 Enter the amount of late payment or underpayment  Line 2 Multiply line 1 by the interest rate* and enter the sum here.  X days  Line 3 Multiply line 2 by the number of days late and enter the sum here.  X days  Line 4 Multiply line 3 by 0.00274* and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6.  T to view the interest rate chart click on www.copyright.gov/licensing/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing/gicopyright.gov.  This is the decimal equivalent of 1785, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served. ID number, and accoun	ounting Period: 2024/1	FORM SA1-2E. PAGE 8.
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Saletille 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?  None  Name  Mailing Addess  Name  Mailing Addes	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
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 dark owners?  X NO  "YES: Enter the total here and list the satellite carrier(s) below.  **Name**  **Mailing Address**  **Name**  **Mailing Address**  **Name**  **Mailing Address**  **Name**  **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.  Line 1 Enter the amount of late payment or underpayment  **Line 2 Multiply line 1 by the interest rate* and enter the sum here	QUEL COMMUNICATIONS LLC	035342
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 satellitic carriers to satellite dish owners?    No	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 s	Special Statement Concerning Gross
Name		Receipts Exclusion
Name Mailing Address    Name   Mailing Address   Mailing Address	made by satellite carriers to satellite dish owners?	ns
Name Mailing Address    Name   Mailing Address	X NO	
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.  Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below	
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 Assessm  Line 1 Enter the amount of late payment or underpayment.  Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate* and enter the sum here		
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	INTEDEST ASSESSMENT	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	x	days
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6		<u> </u>
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6		
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  Owner  Address  ID number  First community served		-
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  Owner  Address  ID number  First community served	(interest charge	)
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Address  ID number First community served		
ID number First community served	Owner	
First community served		
	ID number	
Accounting period		

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)