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	GHT OFFICE USE ONLY	Return completed workbook by email to		
for Secondary Transmissions by	DATE RECEIVED	AMOUNT			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.	8/29/24	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.		
A ACCOUNTING PERIOD CO	VERED BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 20241 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31			

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20241 Barcode Data Filing Period (optional - see instructions)	
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.	063625
		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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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 filing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community served by the cable system.	063625
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	OTTOWA	IL
Community	(LASALLE COUNTY JAIL)	
dd Rows as Necessary		

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID: 06362		
	CEQUEL COMMUNICATIONS LLC										
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
0	system, that is, the retransmissi										
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						nose exist	ing on the			
Service: Sub-	Number of Subscribers: Bot						ole system	, broken			
scribers and	down by categories of secondar	y transmission	service	. In general, yo	u can con	npute the numbe	r of subsc	ribers in			
Rates	each category by counting the n							charged			
	separately for the particular servert Rate: Give the standard rate of					•	,	ne and the			
	unit in which it is generally billed	-	-	•			-				
	category, but do not include disc	· ·	,		iny stands		5 within a				
	Block 1: In the left-hand block				ries of sec	condary transmis	sion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not			-		-					
	categories, that person or entity subscriber who pays extra for ca										
	first set" and would be counted of										
	Block 2: If your cable system					service that are	different f	rom those			
	printed in block 1 (for example, t					•	,.				
	with the number of subscribers a	and rates, in the	e right-h	and block. A to	vo- or thre	e-word descripti	on of the s	service is			
	sufficient.	OCK 1					BLOCK	(2			
		NO. OF		D.475				NO. OF	D 4 T 5		
	CATEGORY OF SERVICE	SUBSCRIBI	-RS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RATE		
	Residential:		0								
	Service to first set		U	-							
	• Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		45	40.44							
	Commercial		15	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s						
F	In General: Space F calls for ra	te (not subscril	per) info	rmation with re	espect to a	all your cable sys	tem's serv	vices that were			
	not covered in space E, that is, t										
Services	service for a single fee. There a furnished at cost or (2) services	•			0		0.0				
Other Than	amount of the charge and the un										
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0			
	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										
ransmissions: Rates	-	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.									
	listed in block 1 and for which a										
	listed in block 1 and for which a	ption and inclue	de the ra								
	listed in block 1 and for which a brief (two- or three-word) descri	ption and inclue BLO	de the ra	ate for each.			CATEG	BLOCK 2	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	de the ra CK 1 CATEG	ate for each. GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	de the ra CK 1 CATEG Installa	ate for each. ORY OF SER ttion: Non-res	VICE		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and inclue BLO	de the ra CK 1 CATEC Installa • Mot • Cor	ate for each. GORY OF SER ation: Non-res rel, hotel nmercial	VICE		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. CORY OF SER ation: Non-res tel, hotel nmercial r cable	VICE idential		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. CORY OF SER ation: Non-res tel, hotel nmercial r cable r cable-add'l ch	VICE idential		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	GORY OF SER ation: Non-res rel, hotel nmercial r cable r cable-add'l ch protection	VICE idential		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ate for each. GORY OF SER attion: Non-res rel, hotel mmercial r cable r cable-add'l ch e protection glar protection	VICE idential		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ate for each. GORY OF SER ition: Non-res itel, hotel mmercial cable cable-add'l ch protection glar protection services:	VICE idential		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ate for each. CORY OF SER ation: Non-res tel, hotel nmercial cable cable-add'l ch protection glar protection services: connect	VICE idential		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	CORY OF SER ation: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection glar protection services: connect connect	VICE idential		CATEGO		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc • Out	ate for each. CORY OF SER ation: Non-res tel, hotel nmercial cable cable-add'l ch protection glar protection services: connect	VICE idential		CATEGO		RATE		

ounting Period: 2	2024/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		06362
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and	also in space I, if the station was carried	f (1) stations carried only on a part-t ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub ne Special Statement and Program I d both on a substitute basis and also	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
	multicast stream associated	d with a station according to its over-the		
	"WETA-2" as the same on Column 2: Give the chann	the form. el number the FCC assigned to the tele [.]	vision station for broadcasting over	the air in its community
	of license. For example, W	RC is channel 4 in Washington, D.C.	-	
		n case whether the station is a network s ering the letter "N" (for network), "N-M" (f	, , ,	
	(for independent multicast)	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial education	
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		is licensed by the
		dian stations, if any, give the name of th	-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			N	
	WBBM-1	2	N	CHICAGO, IL
	WBBM-1 WFLD-1	2 32	N I	CHICAGO, IL
Rows as Necessary			N I N	
Rows as Necessary	WFLD-1	32	I	CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
l Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
I Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL
d Rows as Necessary	WFLD-1 WLS-1	32 7	 	CHICAGO, IL CHICAGO, IL

EGAL NAME OI								SYSTEM I 0636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of	it is carried by monitoring, to prmation abou	y the sys be rece	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t	t the system's he system's FM ant	eadend, and (2 enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
Column 1: lo Column 2: S Column 3: If signal, indicate	dentify the call tate whether t the radio stat this by placing	the static ion's sig g a chec	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th					
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2024/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				063625
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	s <i>ion program,</i> broadcast by	a distant sta	tion, that your cable sys	tem carried on a
	substitute basis during the a						
Substitute Carriage:	explanation of the programm				ne general ins	structions in the paper S	A I-2 Iorm.
Special	1. SPECIAL STATEMEN	-				· · · · · · · · · · · · · · · · · · ·	
Statement and	During the accounting per		Ir cable system	n carry, on a substitute ba	sis, any noni		
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	must complete the proo	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subs				s wherever p	ossible, if their meaning	g is
	clear. If you need more spa Column 1: Give the title			/ision program ("substitute	e program") t	hat, during the account	ina
	period, was broadcast by a	distant sta	tion and that ye	our cable system substitut	ed for the pro	ogramming of another	station
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I Love Lucy"	or
	_		dcast live, ente	er "Yes." Otherwise enter '	'No."		
				asting the substitute progr			
	the case of Mexican or Car			he community to which the			In
				stem carried the substitute			nonth
	first. Example: for May 7 giv					·	
	Column 6: State the time to the nearest five minutes.			ogram was carried by you			ately
	stated as "6:00–6:30 p.m."		a program can	ied by a system nom 0.01	. 15 p.11. to c	.20.30 p.m. should be	
	Column 7: Enter the lett			n was substituted for prog			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976	•	your system w				
	SI	UBSTITUT	E PROGRAM			N SUBSTITUTE	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	6. TIMES FROM — TO	DELETION
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT		
			·				
						_	
						_	
						_	
							"
						—	
						_	
1			·				

Accounting Period:	2024/1 FORM SA1-2E.	PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	EM ID#
Name	CEQUEL COMMUNICATIONS LLC 00	63625
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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	3.50 reipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, <i>or</i> 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 \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period	2.00
	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 \$ 52	2.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67	7.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2024/1							FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC						SYSTEM ID# 063625
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations number of activated channel able system carried television ast services	otal numb h the cabl s broadcas	ber of activated channels of le	during the a	ccounting period.	tions	4 20
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of account		PRMATION IS NEEDED (14	dentify an ir	ndividual		
for Further Information	Name	RODNEY HASKINS				Telep	hone (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)				
	Email	RODNEY.HASI	KINS@A	LTICEUSA.COM		Fax (optional)		
O Certification	I, the undersigned (Owned (Agent in li X (Office in li I have examined	(This statement of account m ed, hereby certify that (Check or r other than corporation or p t of owner other than corpor- ine 1 of space B and that the or er or partner) I am an officer (ine 1 of space B. d the statement of account and e, and correct to the best of m on 1001(1986)]	ation or p wartnershi ation or p wwner is no if a corpor hereby do	nly one, of the boxes.) ip) I am the owner of the ca vartnership) I am the duly a ot a corporation or partners ration) or a partner (if a part eclare under penalty of law	able system authorized a hip; or tnership) of that all stat	as identified in line 1 of gent of the owner of the the legal entity identified ements of fact contained	space B cable sy l as own	ystem as identified ner of the cable system
				/s/ Alan Dannenbau electronic signature on the li nature using an "/s/ signatur	ine above to	•		
		Typed or printed		ALAN DANNENBA	NUM			
		Title: (Title of o		PROGRAMMING on held in corporation or partner	ship)			
		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.

ounting Period: 2024/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06362
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- lowing 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."	P Special Statement Concerning Gross Receipts Exclusion
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late 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	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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	

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