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 COPYRIC	Return completed workbook by email to		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,	
General instructions are located in the first tab of this workbook.	2-28-25	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (YY	YY/(Period))	<u> </u>	

		2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		20242 Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
		Instructions:							
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	062166						
		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 unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
	-	FAYETTE STATE CORRECTIONAL FACILITY							
		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.

Accounting Period:		FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	CEQUEL COMMUNICATIONS LLC	062166							
D Area	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 eparate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete nincorporated 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 ommunity." Please use it as the first community on all future filings. lote: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified it.								
Served	city.								
	CITY OR TOWN	STATE							
First	EAST MILLSBORO	РА							
Community	(FAYETTE STATE CORR)								
Add Rows as Necessary									
Add Rows as Necessary									

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:																	
Name	CEQUEL COMMUNICATIONS LLC																	
E	SECONDARY TRANSMISSION In General: The information in s					transmission se	ervice of th	ie cable										
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information																	
Secondary	about other services (including p						iose existi	ng on the										
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).																	
Service: Sub- scribers and	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																	
Rates	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 serv							0										
	Rate: Give the standard rate of	-	-				-											
	unit in which it is generally billed	· ·	,		ny standaro	d rate variations	within a pa	articular rate										
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ondary transmiss	ion servic	e that cable										
	systems most commonly provide	•		0														
	that applies to your system. Not																	
	categories, that person or entity						•											
	subscriber who pays extra for ca first set" and would be counted of					in the count unc	er "Servic	e to the										
	Block 2: If your cable system					service that are	different fr	om those										
	printed in block 1 (for example, t	-		•														
	with the number of subscribers a	and rates, in the	right-hai	nd block. A tw	o- or three	-word description	n of the se	ervice is										
	sufficient.				1		DI OOI	<u> </u>										
	BL	OCK 1 NO. OF					BLOC	NO. OF										
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE									
	Residential:																	
	 Service to first set 		0	-														
	 Service to additional set(s) 																	
	• FM radio (if separate rate)																	
	Motel, hotel																	
	Commercial		340	42.41														
	Converter																	
	Residential																	
	Non-residential																	
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES														
F	In General: Space F calls for rat		,		•													
I	not covered in space E, that is, t service for a single fee. There ar																	
Services	furnished at cost or (2) services	•	-		•		0 ()											
Other Than	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.																	
Secondary								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										
Secondary ransmissions:	Block 1: Give the standard rat	e charged by the						vora not										
Secondary	Block 1: Give the standard rat Block 2: List any services that	e charged by the your cable syst	em furni	shed or offere	ed during t	ne accounting p	eriod that											
Secondary ransmissions:	Block 1: Give the standard rat	e charged by the your cable syst separate charge	em furni was ma	shed or offere de or establis	ed during t	ne accounting p	eriod that											
Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	e charged by the your cable syst separate charge tion and include	em furni was ma the rate	shed or offere de or establis	ed during t	ne accounting p	eriod that	form of a										
Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	e charged by the your cable syst separate charge tion and include BLOC	em furni was ma the rate	shed or offere de or establis	ed during tl shed. List t	ne accounting p	eriod that v ces in the		E RATE									
Secondary ransmissions:	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 sour cable syst separate charge tion and include BLOC RATE	em furni was ma the rate K 1 CATEGO	shed or offere de or establis for each.	ed during the during t	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	E RATE									
Secondary ransmissions:	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 sour cable syst separate charge tion and include BLOC RATE	em furni was ma the rate K 1 CATEGO	shed or offere de or establis for each.	ed during the during t	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	E RATE									
Secondary ransmissions:	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:	e charged by the sour cable syst separate charge tion and include BLOC RATE	em furni was ma the rate K 1 CATEGO Installat • Mote	shed or offere de or establis for each. DRY OF SER' ion: Non-res	ed during the during t	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	E RATE									
Secondary ransmissions:	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	e charged by the sour cable syst separate charge tion and include BLOC RATE	em furni was ma the rate K 1 CATEGO Installat • Mote	shed or offere de or establis for each. DRY OF SER' ion: Non-res I, hotel mercial	ed during the during t	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	E RATE									
Secondary ransmissions:	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 sour cable syst separate charge tion and include BLOC RATE	em furni was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay	shed or offere de or establis for each. DRY OF SER' ion: Non-res I, hotel mercial	ed during ti shed. List t <u>/ICE</u> idential	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	E RATE									
Secondary ransmissions:	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	e charged by the sour cable syst separate charge tion and include BLOC RATE	em furni was ma the rate CATEGO Installat • Mote • Com • Pay	shed or offere de or establis for each. DRY OF SER' ion: Non-res I, hotel mercial cable	ed during ti shed. List t <u>/ICE</u> idential	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	ERATE									
Secondary ransmissions:	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 sour cable syst separate charge tion and include BLOC RATE	em furni was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay • Pay • Fire	shed or offere de or establis for each. DRY OF SER' ion: Non-res I, hotel mercial cable cable-add'l ch	ed during ti shed. List t <u>/ICE</u> idential	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	ERATE									
Secondary ransmissions:	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 Installation: Residential	e charged by the sparate charge stion and include BLOC RATE (em furni was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay • Pay • Fire	shed or offere de or establis for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection	ed during ti shed. List t <u>/ICE</u> idential	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2	ERATE									
Secondary ransmissions:	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 • First set	e charged by the sparate charge stion and include BLOC RATE (em furni was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay • Fire • Burg Other se	shed or offere de or establis for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection	ed during ti shed. List t <u>/ICE</u> idential	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2										
Secondary ransmissions:	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 • First set • Additional set(s)	e charged by the sparate charge stion and include BLOC RATE (em furni was ma the rate CATEGO nstallat • Mote • Com • Pay • Fire • Burg Other so • Reco	Shed or offered de or establis for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection ervices:	ed during ti shed. List t <u>/ICE</u> idential	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2										
Secondary ransmissions:	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 • First set • Additional set(s) • FM radio (if separate rate)	e charged by the sparate charge stion and include BLOC RATE (em furni was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay • Pay • Fire • Burg Other se • Reco • Disco	Shed or offered de or establis for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	ed during ti shed. List t <u>/ICE</u> idential	ne accounting p hese other servi	eriod that v ces in the	form of a BLOCK 2										

	2024/2			FORM SA1-2E. PAGE								
me	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID								
	CEQUEL COMMUNIC	CATIONS LLC		06216								
	PRIMARY TRANSMITTERS: TELEVISION											
nary nitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 5.59(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 ubstitute program basis, as explained in the next paragraph. ubstitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program compared to any distant stations carried by your cable system on a substitute program basis.										
	• Do <i>not</i> list the station her station was carried <i>only</i> or	ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried										
	basis. For further information Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each								
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. h case whether the station is a network s	station, an independent station, or a	a noncommercial								
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list idian stations, if any, give the name of th	r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	ional multicast). n is licensed by the								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	KDKA-1	2	Ν	PITTSBURGH, PA								
	WPCW-1	19	I	PITTSBURGH, PA								
as Necessary	WPCW-1 WPGH-1	19 53	<u> </u>	PITTSBURGH, PA PITTSBURGH, PA								
Necessary			 									
lecessary	WPGH-1 WPXI-1	53 11		PITTSBURGH, PA PITTSBURGH, PA								
Necessary	WPGH-1 WPXI-1 WQED-1	53	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
Necessary	WPGH-1 WPXI-1	53 11 13		PITTSBURGH, PA PITTSBURGH, PA								
IS Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
s Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
as Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
as Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
as Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
as Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								
is Necessary	WPGH-1 WPXI-1 WQED-1	53 11 13	E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA								

EGAL NAME OF									SYSTEM 062 ⁻
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. dentify the call tate whether the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	t th sys nis ed	e system's hea stem's FM anter point, see page by the cable sy station is licens	dend, and (2) ana, during ce e (v) of the ge estem as a sep ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL OIGH		0,0		1	SALL DIGIN		0,0		
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				+					
				F					
				-					
				F					
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Accounting Perio	d: 2024/2					FOR	M SA1-2E. PAGE 5				
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	.C				062166				
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG							
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carrie substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fue explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basis	s, any nonnetwo	ork television prograr	n				
Statement and Program Log	broadcast by a distant stat		,		, ,	YES	XNO				
Program Log	2										
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you must	complete the progra	m				
	log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	Me								
	In General: List each subst			e line. I lee abbreviations v	wherever possib	ole if their meaning is					
	clear. If you need more space	ce, please a	add additional r	ows to the tables.							
	period, was broadcast by a			sion program ("substitute p							
	under certain FCC rules, re										
	Do not use general categori										
	"NBA Basketball: 76ers vs.	Bulls."				, ,					
				"Yes." Otherwise enter "N sting the substitute program							
		•		e community to which the		ed by the FCC or in					
	the case of Mexican or Can										
				em carried the substitute p			nth				
	first. Example: for May 7 giv										
				gram was carried by your o			ely				
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:28:3	30 p.m. should be					
		er "R" if the	listed program	was substituted for progra	mming that your	r system was <i>require</i>	d				
	to delete under FCC rules a										
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules and	l regulations in					
	effect on October 19, 1976.										
						SUBSTITUTE					
	s	UBSTITUT	E PROGRAM			GE OCCURRED	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				
						_					
						_	1				
						_					
						_					
						-					

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 062166
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.	nission service Imount, see	5,638.05 sss 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 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.	263,800.	
	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 t accounting period is \$52.00.	his six-month	
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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)		
	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		
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foc and			
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	\$	67.00
	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 m		

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC				SYSTEM ID 062166
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	You must give (1) the number ers, and (2) the cable system's tal number of channels on whi ried television broadcast statio tal number of activated chann e cable system carried televisi adcast services	s total number of ich the cable ns els on broadcast sta	activated channels during the		6 50
N Individual to Be Contacted		TO BE CONTACTED IF FURT about this statement of acco		TION IS NEEDED (Identify an	individual	
for Further Information	Name	RODNEY HASKINS			Telephone (90	3) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)	-	per)		
	Email	RODNEY.HAS	KINS@ALTICE	USA.COM	Fax (optional	
	CERTIFICATION	I (This statement of account m	nust be certified a	and signed in accordance with	n Copyright Office regulations)	
O Certification		ned, hereby certify that (Check on the other other than corporation or preserved to the other than corporation or preserved to the other other other than corporation or preserved to the other other other other other other to the other ot			n as identified in line 1 of space B; or	
		in line 1 of space B and that the	he owner is not a	corporation or partnership; or	agent of the owner of the cable system	
	 I have examine are true, comp 	cer or partner) I am an officer in line 1 of space B. ad the statement of account and lete, and correct to the best of n ction 1001(1986)]	hereby declare u	inder penalty of law that all state		the cable system
				Alan Dannenbaum	o certify this statement.	
		Typed or printed		using an "/s/ signature" (e.g., /s	/ John Smith)	
		Title: (T		GRAMMING n held in corporation or partnership)		
		Date:			2/28/2025	

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.

PARTICLE 062100000000000000000000000000000000000	unting Period: 2024/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Stability Home Viewer Act of 1988 anneade Tills 17, section 111(0)(1)(A), of the Copyright Act by adding the fol- low: The Stability Home Viewer Act of 1988 anneade Tills 17, section 111(0)(1)(A), of the Copyright Act by adding the fol- low and mean conclusiones receiving secondary transmissions arevice of providing secondary transmissions of primary toxeduate transmitters, the system shall not include auto- screents and maxine. Colouring the receiving secondary transmissions to be added in the paper SA1-2 form. The receiving and the statelite carrier(s) below. The receiving and the research as a result of a late payment or underpayment. The receiving and the research are the statelite carrier(s) below. The receiving and the research are pay (Viii) of the general instructions located in the paper SA1-2 form. The receiving and the research are pay of the research are pay for the research are pay for the research are pay for the state of a late payment or underpayment. The research are that claim of the research are pay for the research are pay. The Same the lobership Choice A, line 2, or block 3, line 6, or block 4, line 2, or block 4, line 2, or block 3, line 6, or block 3, line 6, or block 3, line 6, or block 4, line 2, or block 4, line 2, or block 3, line 6, or block 3, line 6, or block 4, line 2, or bl	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The statilite frome Verwer Act of 1988 amended Tills 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P The determining the total number of subscribers and the gross amounts paid to the cable system for the basic system and non-include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 118. ¹ . P For more information on when to exclude these amounts, see the nole on page (vii) of the general instructions located in the pager SA12 form. P Ouring the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite cartier to satellite cartier(s) below. \$ Norre Maling Address Nume Maling Address Nume complete this worksheet for those royally 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 2 Multiply line 1 by the interest rate* and enter the sum here	QUEL COMMUNICATIONS LLC	062166
YES. Enter the total here and list the satellite carrier(s) below.	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." 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?	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment x		
Mailing Address Mailing Address Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments are result of a late payment or underpayment. Image: Complete this worksheet for those royally payments are result of a late payment or underpayment. Image: Complete this worksheet for those royally payments are result of a late payment or underpayment. Image: Complete this worksheet for those royally payments are result of a late payment or underpayment. Image: Complete this worksheet for those royally payments are result or underpayment. Image: Complete this worksheet for those royally payments are result or underpayment. Image: Complete this worksheet for those royally payments aresease row row row row row row row row row ro	YES. Enter the total here and list the satellite carrier(s) below.	
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments and enter the sum here is a complete the late payment or underpayment is a possible of the general instructions located in the payment of days late and enter the sum here is pace. Image: Complete this worksheet core of days late and enter the sum here is a complete the late payment or underpayment or undereay under the sum here is payment or underpay		
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments and enter the sum here is a complete the late payment or underpayment is a possible of the general instructions located in the payment of days late and enter the sum here is pace. Image: Complete this worksheet core of days late and enter the sum here is a complete the late payment or underpayment or undereay under the sum here is payment or underpay		
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here -	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here -	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		
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 time for 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	Line 3 Multiply line 2 by the number of days late and enter the sum here	
(interest charge) * 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	Line 4 Multiply line 3 by 0.00274** and enter here	
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.		
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.	* 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.	
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		
Address ID number First community served		
Address ID number First community served	Owner	
First community served		
First community served		
	ID number	
Accounting period	First community served	

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C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials				
		Date of remittance	Check EFT	□ FILING FEES				
Cable ID #				Amount Initials				
Examined by	Reviewed by	Date examination completed	Allocation number					
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (for Jul-I	Dec period) No spaces)				
Period	□ Letter sent		Information received					
			Phone call/Date/Contact					
Space B Owner								
	Letter sent		Information received					
Space D Area Served								
	Letter sent		Information received					
	□ Accepted		Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	Letter sent		Information received					
and Rates			Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	□ Letter sent	C	Information received					
		E] Phone call/Date/Contact					
Space H Primary Transmitters:								
Radio	Accepted	C] Phone call/Date/Contact					

		Carriage
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
□ Letter sent	□ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	□ Refund request to fiscal	
Letter sent	□ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
□ Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	