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

STATEN	IENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Second	lary Transmissions by tems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ructions are located b of this workbook.	2-28-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	
	202	42 Barcode Data Filing Period (optional	- see instructions)	

		20242 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.	063687
		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 unles s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063687
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nity" is the same as a "community unit" as defined in FCC rules: "a mmunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Area Served	city.	e nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	ROBINSON	IL
Community	(ROBINSON CORRECTIONAL CENTER)	IL IL
Add Rows as Nesssan		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID			
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIE		ES							
E	In General: The information in s			-								
<b>a</b> .	system, that is, the retransmission											
Secondary Transmission	about other services (including p last day of the accounting period						iose existir	ng on the				
Service: Sub-	Number of Subscribers: Both						le system,	broken				
scribers and	down by categories of secondary	, transmission s	service.	In general, you	can com	oute the number	of subscril	bers in				
Rates	each category by counting the nu	-						charged				
	separately for the particular servi							and the				
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed.	-	-	•			-					
	category, but do not include disc	· · ·	,		y standar		within a pe					
	Block 1: In the left-hand block				es of seco	ondary transmiss	sion service	e that cable				
	systems most commonly provide											
	that applies to your system. <b>Note:</b> 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											
	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											
	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)."											
	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.	DCK 1		-	BLOCK 2							
		NO. OF				NO. OF						
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEP	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		0	-								
	<ul> <li>Service to additional set(s)</li> </ul>											
	<ul> <li>FM radio (if separate rate)</li> </ul>											
	Motel, hotel											
	Commercial		99	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES								
F	In General: Space F calls for rat											
Г	not covered in space E, that is, the											
Services	service for a single fee. There ar furnished at cost or (2) services	•					0 ( )					
Other Than												
Secondary	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.											
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	<b>Block 2:</b> 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											
	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.											
	CATEGORY OF SERVICE	BLOC RATE	-	ORY OF SER	/ICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE			
	Continuing Services:			ation: Non-resi	-		0,1120					
	• Pay cable	-	• Mot	tel, hotel								
	• Pay cable—add'l channel	-		nmercial								
	• Fire protection			/ cable								
	•Burglar protection			/ cable-add'l ch	annel							
	Installation: Residential			protection								
	• First set	-		glar protection								
	Additional set(s)	-		services:								
	• FM radio (if separate rate)			connect		_						
	Converter			connect								
				let relocation								
			Jul									
			• Mos	ve to new addre	22							

ame	PRIMARY TRANSMITTERS           In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, substitute Basis Station	L COMMUNICATIONS LLC TRANSMITTERS: TELEVISION II: In space G, identify every television station (includir your cable system during the accounting period, exce and regulations in effect on June 24, 1981, permitting	• ·	SYSTEN 063								
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 75.59(d)(2) and (4), 76.61(e)(2) and (4), 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:       Vibitute Basis station exceeded (1) the station was carried by your cable system on a substitute program basis. as explained in the next paragraph.         • Usit the station here, and also 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 at all 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 "WEA2" 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 independent multicast). "E (for noncommercial educational multicast)." (for independent multitast)."	G PRIMARY TRANSMITTERS In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, vision Substitute Basis Station	TRANSMITTERS: TELEVISION II: In space G, identify every television station (includir your cable system during the accounting period, exce and regulations in effect on June 24, 1981, permitting	• ·									
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 parasis Stations: 'With respect to any distant stations carried by your cable system on a substitute program basis. as explained in the next paragraph.         Substitute parasis Stations: 'With respect to any distant stations carried by your cable system on a substitute program basis. as explained in the next paragraph.         Substitute parasis Stations: 'With respect to any distant stations carried by your cable system on a substitute program basis. as explained only on a substitute basis.         • D on t 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 and also on some other basis. For further information concerning substitute basis stations. Schept Phys. Rev. Identify each multicast stream associated with a station according to its over-the-air designation. For example, WFC is channel A in Washington, D.C.         Column 3: Indicate in each case whether the station, por earl instructions, in the paper SA1-2 form.       Column 4: Give the location of each station. For U.S. stations, list the community of which the station is identified.         Virindependent nullicast). 'F' (for network), 'N-M'' (for network multicast), 'F' (for independent), 'L-M''	G In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, vision Substitute Basis Station	II: In space G, identify every television station (includir your cable system during the accounting period, exce and regulations in effect on June 24, 1981, permitting	• ·									
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), "I-M"" (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 with 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.         * as Necessary <b>1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION</b> WTHI-1		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 6.59(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.										
I. CALL SIGN     2. B'CAST CHANNEL NUMBER     3. TYPE OF STATION     4. LOCATION OF STATION       WAWV-1     38     N     TERRE HAUTE, IN       WTHI-1     10     N     TERRE HAUTE, IN       WTHI-2     10.2     I-M     TERRE HAUTE, IN       WTWO-1     2     N     TERRE HAUTE, IN	Do not list the station he station was carried only of List the station here, and basis. For further informat <b>Column 1:</b> List each stati multicast stream associat "WETA-2" as the same or <b>Column 2:</b> Give the chan of license. For example, V <b>Column 3:</b> Indicate in eace educational station, by en (for independent multicas) For the meaning of these	<ul> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> </ul>										
wTHI-1 10 N TERRE HAUTE, IN WTHI-2 10.2 I-M TERRE HAUTE, IN WTWO-1 2 N TERRE HAUTE, IN		FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.										
WTHI-2     10.2     I-M     TERRE HAUTE, IN       WTWO-1     2     N     TERRE HAUTE, IN	WAWV-1	1 38	N	TERRE HAUTE, IN								
as Necessary WTHI-2 10.2 I-M TERRE HAUTE, IN WTWO-1 2 N TERRE HAUTE, IN	WTHI-1	10	N	TERRE HAUTE, IN								
WTWO-1 2 N TERRE HAUTE, IN	as Necessary WTHI-2	10.2	I-M									
Image: Section of the section of th												

EGAL NAME OF									SYSTEM 0630
	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 byright Office regulations on th each station carried. on is AM or FM. nal was electronically processo k mark in the "S/D" column. on (the community to which the the community with which the	t ti sys nis ed	e system's hea stem's FM anter point, see page by the cable sy station is licens	dend, and (2) nna, during ce e (v) of the ge vstem 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	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3,0	LOCATION OF STATION	1	UALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio	d: 2024/2					FO	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				063687
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG			
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC0	C rules, regulati	ions, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special Statement and	During the accounting peri	od, did you	r cable system	carry, on a substitute basis	s, any nonnetv	vork television progra	m
Program Log	broadcast by a distant stat	ion?				YES	× NO
	Note: If your answer is "No	" loovo tho	roct of this pag	o blank. If your answor is "			_
	Note: If your answer is "No,	leave the	rest of this pag	e blank. Il your answer is	res, you mus	si complete the progra	
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	Me				
	In General: List each subst			te line. Use abbreviations v	wherever poss	ible if their meaning	is
	clear. If you need more spa					ibio, il aloit mourning	
				sion program ("substitute p			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categori						
	"NBA Basketball: 76ers vs.			toali. Elst specific program		inple, TEOVE Edey O	1
			lcast live, enter	"Yes." Otherwise enter "N	lo."		
		•		sting the substitute program			
	the case of Mexican or Can			e community to which the			l
				em carried the substitute p			onth
	first. Example: for May 7 giv		inten jeur ejer		egiann eee		
				gram was carried by your o			ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:28	:30 p.m. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that vo	ur system was <i>requir</i>	ed
	to delete under FCC rules a						
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules an	d regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE 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
						_	
						_	
						_	
						_	
							··· <b>†</b>
						-	

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063687
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	5,081.50 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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		
	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 \$ 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, 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	\$	67.00
	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# 063687
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	ers, and (2) the cable system's tal number of channels on whi ied television broadcast station tal number of activated channe e cable system carried televisio	s total num ch the cab ns els on broadc		accounting period.	5 52
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of acco		ORMATION 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, apart TYLER, TX 75701 (City, town, state, zip)		ite number)		
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM	Fax (optional	
	CERTIFICATION	I (This statement of account m	nust be cer	rtified and signed in accordance with	Copyright Office regulations)	
O Certification		ned, hereby certify that (Check c		nly one , of the boxes.) ip) I am the owner of the cable system	as identified in line 1 of space B' or	
		nt of owner other than corpora	ation or pa	<b>artnership)</b> I am the duly authorized a s not a corporation or partnership; or		n as identified
	X (Offic			ration) or a partner (if a partnership) of	the legal entity identified as owner of	the cable system
	are true, compl			eclare under penalty of law that all state dge, information, and belief, and are m		
			X Enter an	/s/ Alan Dannenbaum	o certify this statement.	
			Enter sigr	nature using an "/s/ signature" (e.g., /s/	/ John Smith)	
		Typed or printed	d name:	ALAN DANNENBAUM		
		Title:		PROGRAMMING Il position 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.

ccounting Period: 2024/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	063687
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:             "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	<b>Q</b> Interest Assessment
X	
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	
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 <b>\$</b> -	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
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<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li> <li>interest charge)</li> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

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					
			Phone call/Date/Contact					
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	