This form is effective beginning with the January 1 to June 30, 2017, accounting period (201	17/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEME	ENT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to		
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instru	ctions are located of this workbook.	2-28-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))		
	2024/2	Period 1 = January 1 - June 30 2 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)		
Accounting					

Accounting Period		20242 Barcode Data Filing Period (optional - see instructions)
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	I	PECOS, TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or sulte number)
		(City, town, state, zip code)
	1	נוסוי, ומאוז, state, בוף ששטים

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.

		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	007511
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	unities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	PECOS	ТХ
Community	REEVES COUNTY (PORTION)	ТХ
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							1-2E. PAGE STEM IC					
Name	CEQUEL COMMUNICATIONS LLC													
Е	SECONDARY TRANSMISSION		-		-									
	In General: The information in s													
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the													
Transmission	last day of the accounting period													
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken													
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													
	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).													
	Rate: Give the standard rate c													
	unit in which it is generally billed. category, but do not include disc				standard	a rate variations	within a pa	articular rate						
	Block 1: In the left-hand block				of seco	ondary transmiss	ion servic	e that cable						
	systems most commonly provide	e to their subsc	ribers. Giv	ve the number o	fsubsci	ribers and rate f	or each lis	ted category						
	that applies to your system. Note categories, that person or entity			-		-								
	subscriber who pays extra for ca													
	first set" and would be counted c	once again und	er "Servic	e to additional s	et(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, ti with the number of subscribers a													
	sufficient.		, ngin-nai											
	BLO	OCK 1					BLOC							
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT					
	Residential:													
	 Service to first set 		278	50.00										
	 Service to additional set(s) 													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		27	45.95										
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES										
F	In General: Space F calls for rat	te (not subscrib	er) inform	ation with respe	ect to all	your cable syst	em's servi	ces that were						
F	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: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.													
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a													
	brief (two- or three-word) description and include the rate for each.													
		BLO	CK 1					BLOCK 2						
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC	ЭE	RATE	CATEG	ORY OF SERVICE	RATI					
	Continuing Services:		Installat	ion: Non-reside	ential									
	• Pay cable	17.00	Mote	l, hotel										
	 Pay cable—add'l channel 	19.00		mercial										
	Fire protection		• Pay o											
	•Burglar protection			cable-add'l chan	nel									
	Installation: Residential			protection										
	• First set	99.00	-	ar protection										
	Additional set(s) EM radio (if concrete rate)	25.00	Other se			40.00								
	 FM radio (if separate rate) 		• Reco	rinect		40.00								
	• Converter		- D'-	nnoot										
	• Converter		Disco			25.00								
	• Converter		• Outle	onnect et relocation e to new address		25.00 99.00								

		OF CABLE SYSTEM:		SYSTEM						
Name				0075						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis on a substitute program basis on a substitute basis on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter "N" (for network, station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN KMID-1	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION							
				4. LOCATION OF STATION						
s as Necessary	KMID-1	2	N	4. LOCATION OF STATION MIDLAND, TX						
as Necessary	KMID-1 KMID-HD1	2 2	N	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX						
as Necessary	KMID-1 KMID-HD1 KMLM-1	2 2 42	N N-M I	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX						
as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1	2 2 42 7	N N-M I N	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX ODESSA, TX						
as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2	2 2 42 7 7.2	N N-M I N I-M	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX ODESSA, TX ODESSA, TX						
as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1	2 2 42 7 7.2 7	N N-M I N I-M N-M	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX						
as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1 KOSA-HD2	2 2 42 7 7.2 7 7.2	N N-M I N I-M I-M I-M	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX						
s as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1 KOSA-HD2 KPBT-1	2 2 42 7 7.2 7 7.2 36	N N-M I N I-M I-M I-M E	4. LOCATION OF STATION MIDLAND, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX						
s as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1 KOSA-HD2 KPBT-1 KPBT-HD1	2 2 42 7 7.2 7 7 7.2 36 36 36	N N-M I N I-M I-M I-M E E E-M	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX						
s as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1 KOSA-HD2 KPBT-1 KPBT-HD1 KPEJ-1	2 2 42 7 7.2 7 7.2 36 36 36 24	N N-M I N I-M I-M I-M E E E-M I	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX						
: as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1 KOSA-HD2 KPBT-1 KPBT-HD1 KPEJ-1 KPEJ-HD1	2 2 42 7 7.2 7 7 7.2 36 36 36 36 24 24 24	N N-M I N N-M I-M E E E-M I I I-M	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX						
/s as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1 KOSA-HD2 KPBT-1 KPBT-1 KPEJ-1 KPEJ-1 KPEJ-HD1 KTLE-5	2 2 42 7 7.2 7 7.2 36 36 36 24 24 24 7.5	N N-M I N I-M I-M E E E-M I I I-M I-M I-M	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX						
/s as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1 KOSA-HD2 KPBT-1 KPBT-HD1 KPEJ-1 KPEJ-HD1 KTLE-5 KTLE-HD5	2 2 42 7 7.2 7 7 7.2 36 36 36 24 24 24 24 7.5 7.5	N N-M I N I-M I-M E E E-M I I I-M I-M I-M	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX						
/s as Necessary	KMID-1 KMID-HD1 KMLM-1 KOSA-1 KOSA-2 KOSA-HD1 KOSA-HD2 KPBT-1 KPBT-1 KPEJ-1 KPEJ-1 KTLE-5 KTLE-5 KTLE-HD5 KUPB-1	2 2 42 7 7.2 7 7.2 36 36 36 24 24 24 24 7.5 7.5 7.5 18	N N-M I N I-M I-M I-M E E-M I I I-M I-M I-M I-M I-M I-M I I M I I I I	4. LOCATION OF STATION MIDLAND, TX MIDLAND, TX ODESSA, TX MIDLAND, TX						

EGAL NAME OF									SYSTEM I 0075
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cat					ied on an	н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	i it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio state this by placing Sive the statior	y the syst be receive t the Cop sign of e he statio ion's sign g a check n's locatio	H-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the byright Office regulations on t each station carried. In is AM or FM. That was electronically process is mark in the "S/D" column. On (the community to which the the community with which the	at sy thi se he	the system's hea rstem's FM anter s point, see page d by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. structions 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	
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Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.					
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#					
Name	CEQUEL COMMUNICA	TIONS LL	.C					007511					
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG									
	In General: In space I, identi	-	-			on. that vour c	able svster	n carried on a					
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.												
Substitute					e general instr	uctions in the	paper SA1	-2 form.					
Carriage: Special	1. SPECIAL STATEMENT												
Statement and	During the accounting per	-	r cable system	sis, any nonne	etwork televis	ion progra							
Program Log	broadcast by a distant station?												
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	log in block 2.												
	2. LOG OF SUBSTITUTE			ta lina. Llas abbraviations	wherever no	aaibla if thair	meening	ie					
	In General: List each subst clear. If you need more spa				wherever po		meaning	15					
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute									
	period, was broadcast by a under certain FCC rules, re												
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific progra	m titles, for ex	kample, "I Lov	/e Lucy" o	r					
	"NBA Basketball: 76ers vs.	Bulls."				•							
				r "Yes." Otherwise enter " asting the substitute progra									
	Column 4: Give the broa	dcast static	on's location (th	ne community to which the	e station is lice		FCC or, in						
	the case of Mexican or Can												
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	e numerals, w	with the mo	onth					
	Column 6: State the time	es when the		gram was carried by your				əly					
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. sh	ould be						
	stated as "6:00–6:30 p.m."	≏r "R" if the	listed program	was substituted for progr	amming that	vour system v	was requir	ed					
	to delete under FCC rules a												
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules	and regulation	ns in						
	effect on October 19, 1976.												
						N SUBSTIT							
	S		E PROGRAM	-		AGE OCCUE 6. TIN		7. REASON FOR DELETION					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	TO						
						_							
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Accounting Period:	2024/2 FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY CEQUEL COMMUNICATIONS LLC	STEM ID# 007511
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 of 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, see 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.	,734.13 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 \$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	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 \$137,100)	
	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)	
	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	
	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)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	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 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:	2024/2									FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER CEQUEL COMMUNIC									SYSTEM ID 00751
M Channels	2. Enter the total numb on which the cable s	(2) the cable system per of channels on whision broadcast station	's total nu nich the c ons nels sion broad	cable	er of activate	ed channels o	luring the a	ccounting perio	od.	17 286
N Individual to Be Contacted	INDIVIDUAL TO BE C we can contact about t			NFOF	RMATION IS	NEEDED (Id	lentify an ir	ndividual		
for Further Information	Name ROL	DNEY HASKINS							Telephone	(903) 579-3152
	(Numb TYL	7 S SE LOOP 32 er, street, rural route, apa ER, TX 75701 own, state, zip)		r suite	e number)					
	Email	RODNEY.HAS	SKINS@	DAL	TICEUSA.C	OM		Fax (option	al	
O Certification	(Agent of own in line X (Officer or pa	by certify that (Check of than corporation or ner other than corpor 1 of space B and that t artner) I am an officer 1 of space B. tement of account and correct to the best of r	partnerst ration or p he owner (if a corpo	only o ship) r part r is no poration decla	one, of the bo I am the own tnership) I an iot a corporati ion) or a partr	er of the cable n the duly auti on or partners er (if a partne	e system as norized agen hip; or rship) of the all stateme	identified in line nt of the owner c legal entity ider nts of fact conta	1 of space B; of the cable sys ntified as owne	stem as identified
				an el	/s/ Alan D lectronic signa ature using an	ture on the li	ne above to	certify this state ohn Smith)	ement.	
		Typed or printe	d name:	:	ALAN DA	NNENBA	JM			
		Title:			ROGRAM		artnership)			
		Date:						2/28/202	25	

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.

unting Period: 2024/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00751
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." 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.	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	_
YES. Enter the total here and list the satellite carrier(s) below	_
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.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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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		(enter four digit year and	l /1 (for Jan-Jun period) or /2 (for Ju	l-Dec period) No spaces)
Accounting Period	Letter sent		Information received	
	Accepted	[Phone call/Date/Contact	
Space B Owner				
	Letter sent	[Information received	
	Accepted	[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	Accepted	[Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	Accepted		Phone call/Date/Contact	

Space I Substitute 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 Fees
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	
Accepted	Phone call/Date/Contact	