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

STATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	y Transmissions by	DATE RECEIVED	AMOUNT	-
	ns (Short Form)			<u>coplicsoa@copyright.gov</u>
General instruc	tions are located	00/00/0000	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab o	of this workbook	02/28/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
				1
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(YY/(Period))	
		•		
			Davis d O = July 4 December 04	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
	20192	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting		-		
Period				
	Instructions:			
В	Give the full legal name of the owner of the owner of the of the subsidiary, not that of the parent co		idiary of another corporation, give the full cor	porate title
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system	
-				
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should s ting period.	ubmit a
	Check here if this is the system's first filing	If not enter the system's ID number	assigned by the Licensing Division	015159
	LEGAL NAME OF OWNER/MAILING	G 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		
	3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin			
	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	given in space B.
System	1			
	MT. VERNON, TX MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
	· · · · · · · · · · · · · · · · · · ·			
Privacy Act Notice	: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	sted 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 it placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC	015155
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter knowr
A	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MT. VERNON	ТХ
Community	FRANKLIN COUNTY	ТХ
dd Rows as Necessary		

								-	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:						SY	STEM ID
	CEQUEL COMMUNICAT	IONS LLC							01515
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken	
scribers and	down by categories of secondar	y transmission	service.	In general, yo	ou can con	npute the numbe	er of subso	ribers in	
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed	for adva	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of							c	
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.	,	5						
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		628	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		31	34.99					
	Converter								
	Residential								
	Non-residential								
					·			1	
	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is, t	•	,		-	• •			
	service for a single fee. There ar		,		0		0 (,	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur		usually	billed. If any n	ates are cr	harged on a vari	able per-p	rogram basis,	
ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
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.						T		
	BLOCK 1							BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVIC	E RATE
	Continuing Services:	RATE	CATEG Installa	tion: Non-res		RATE	CATEG		E RATE
	Continuing Services: • Pay cable	RATE 19.00	CATEG Installa • Mot	tion: Non-res el, hotel		RATE	CATEG		E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Con	tion: Non-res el, hotel nmercial		RATE	CATEG		E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 19.00	CATEG Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE	CATEGO		E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 19.00	CATEG Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l cł	idential	RATE	CATEGO		E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 19.00 19.00	CATEG Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEG		E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 19.00 19.00 99.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l cł protection glar protection	idential	RATE	CATEG		E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 19.00 19.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEG		E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 19.00 19.00 99.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	idential		CATEG		E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 19.00 19.00 99.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	idential		CATEG		E RATE

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYST 0					
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable syste	dentify every television station (including em during the accounting period, <i>except</i>	t (1) stations carried only on a part	t-time basis under					
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
nsmitters:	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.								
levision	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:								
	 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 								
	• List the station here, and	d also in space I, if the station was carried							
		tion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p							
	multicast stream associate	ed with a station according to its over-the	-	-					
	"WETA-2" as the same on Column 2: Give the chan	n the form. nel number the FCC assigned to the tele	evision station for broadcasting ove	er the air in its community					
		WRC is channel 4 in Washington, D.C. ch case whether the station is a network s	station an independent station or	a noncommercial					
	educational station, by ent	tering the letter "N" (for network), "N-M" ((for network multicast), "I" (for inde	pendent), "I-M"					
		t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru		tional multicast).					
	Column 4: Give the locati	ion of each station. For U.S. stations, list	the community to which the station						
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	The community with which the statio	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KDKJ-1	27		TYLER, TX					
	KERA-1	13	 E	DALLAS, TX					
ws as Necessary	KERA-1 KERA-HD1	13 13	E-M	DALLAS, TX DALLAS, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1	13 13 56	E-M N	DALLAS, TX DALLAS, TX JACKSONVILLE, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2	13 13 56 56.2	E-M N I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1	13 13 56	E-M N	DALLAS, TX DALLAS, TX JACKSONVILLE, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2	13 13 56 56.2	E-M N I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1	13 13 56 56.2 56	E-M N I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-1	13 13 56 56.2 56 56 51	E-M N I-M N-M I	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-1 KFXK-HD1	13 13 56 56.2 56 51 51	E-M N I-M I I I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1	13 13 56 56.2 56 51 51 7	E-M N I-M N-M I I I-M N	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2	13 13 56 56.2 56 51 51 7 7,2	E-M N I-M I I I-M N I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3	13 13 13 56 56 56 51 7 7.2 7.3	E-M N I-M N-M I I I-M N I-M I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1	13 13 56 56.2 56 51 51 7 7 7.2 7.3 7	E-M N I-M I I I-M I-M I-M I-M N-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD3	13 13 13 13 13 56 56 56 51 51 7 7.2 7.3 7.3	E-M N I-M I I I-M I-M I-M I-M I-M I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD1 KLTV-HD3 KSHV-1	13 13 13 13 56 56 56 51 51 7 7.2 7.3 7.3 45	E-M N I-M N-M I I-M I-M I-M I-M I-M I-M I-M I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX SHREVEPORT, LA					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-HD1 KLTV-1 KLTV-3 KLTV-HD1 KLTV-HD1 KLTV-HD1 KLTV-HD1 KLTV-HD1 KSHV-1 KSHV-HD1	13 13 13 13 56 56.2 56 51 51 7 7.2 7.3 7 7.3 45	E-M N I-M I I I-M I-M I-M I-M I-M I-M I-M	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX SHREVEPORT, LA					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD3 KSHV-1 KSHV-HD1 KSLA-1	13 13 13 13 13 56 56 51 51 7 7.2 7.3 7 7.3 45 12	E-M N I-M I I I I-M I-M I-M I-M I-M I I I I I	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX SHREVEPORT, LA SHREVEPORT, LA					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD3 KSHV-1 KSHV-HD1 KSHV-HD1 KSLA-1 KTBS-1 KXAS-1	13 13 13 13 13 13 13 13 56 56 51 51 7 7.2 7.3 7 7.3 45 12 3 5	E-M N I-M N-M I I I-M I-M I-M I-M I-M I-M I-M I I N N N	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-3 KLTV-HD1 KLTV-HD1 KSHV-1 KSLA-1 KTBS-1 KXAS-1 KYTX-1	13 13 13 13 13 56 56.2 56 51 51 7 7.2 7.3 7 7.3 45 45 12 3 5 19	E-M N I-M N-M I I I-M I-M I-M I-M I-M I I I I N N N N N N N	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA					
ws as Necessary	KERA-1 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD3 KSHV-1 KSHV-HD1 KSHV-HD1 KSLA-1 KTBS-1 KXAS-1	13 13 13 13 13 13 13 13 56 56 51 51 7 7.2 7.3 7 7.3 45 12 3 5	E-M N I-M I I I-M I-M I-M I-M I-M I I I I I I	DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA					

EGAL NAME OF								SYSTEM I 0151
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abour m.	y the sys be recei t the Co	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried.	the system's he system's FM ante	adend, and (2 nna, during ce) it can l ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If signal, indicate t Column 4: G	the radio stati this by placing ive the station	ion's sigr g a checł n's locatio	in is AM or FM. nal was electronically processo mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					·			
					··			
					·			

Accounting Perio	od: 2019/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					015159
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	onnetwork telev	<i>ision program</i> , broadcast by	y a <i>distant</i> sta	tion, that yo	our cable sys	tem carried on a
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or	r authorization	ns. For a further
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of t	the general ins	structions in	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did yo	ur cable syste	n carry, on a substitute ba	asis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	lete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		aasibla ift	hair maanin	
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, ii l	neir meaning	J 15
				vision program ("substitute	e program") tl	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am titles, for e	example, i	Love Lucy	or
			adcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0"	1:15 p.m. to 6	:28:30 p.n	n. should be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	-	your system w	as permitted to delete und	der FCC rules	and regul	ations in	
		•						[
	s		E PROGRAM	1		N SUBST AGE OCC	URRED	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	6. FROM	TIMES — TO	DELETION
			+					
							_	
							_	
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1								
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							_ _ _	

Accounting Period:	2019/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 015159
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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 amount, se	6,377.90
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 \$263,800 but less than \$527,60(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	263,80(
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	-	
	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 \$ 87,422.10		
		70 077 00	
		76,377.90	
		87,422.10	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)	\$	444.78
	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	\$	444.78
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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	<u> </u>	
	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)	444.78	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	464.78
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

EGAL NAME OF OWNER OF CABLE SYSTEM:	OVOTEM ID#
CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 015159
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	22 450
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name SARAH BOGUE Telephone	(903) 579-3121
Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. 	system as identified wner of the cable system
X /s/ Alan Dannenbaum Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 02/18/2020	
	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Einter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name SARAH BOGUE Telep, TX 75701 Using SARAH BOGUE@ALTICEUSA.COM Fax (optional) Errarel CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the cable in line 1 of space (Identify and office or partnership) I am the duly authorized agent of the cover of the cable in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B. (Identified of account to account and hereby declare under penalty of law that all statements of fact contained hereis are tupe, complexe, and correct to the best of my knowledge, information, and belief, and are made in good fath. (If US.C., Section 1001(1986)) Typed or printed name: ALAN DANNENBEAUM Tetre: SUP_PROCRAMMINE

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 fling, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	01515
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
	-
Name Name Mailing Address Mailing Address	
Mailing Address Mailing Address	m
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	-
Α	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
x days	_
xdays Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td></td>	
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td></td>	
x	
x	
x	
x	

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