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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/28/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20192 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.
	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
	3015 S SE LOOP 323 [Number, street, rural route, apartment, or sulte number)
	TYLER, TX 75701 (City, town, state, zip)
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	HEAVENER, OK
	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 Offce 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 Offce'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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	00290
	Instructions: List each separate community served by the cable system. A "o	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter know filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	HEAVENER	OK
Community	LEFLORE COUNTY (PORTION)	OK
· · · · · · · · · · · · · · · · ·	ELI LORE COOKI I (I OKTION)	
d Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 002909

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable 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 last day of the accounting period (June 30 or December 31, as the case may be).

**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 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 charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** 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 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)."

**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.

BLO	OCK 1		BLOCK	( 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	105	34.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	8	34.99			
Converter					
Residential					
Non-residential					
		İ			

# F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	19.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
Additional set(s)		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 002909

#### **CEQUEL COMMUNICATIONS LLC**

G

#### Primary Transmitters: Television

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 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 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 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 to 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAFT-1	9	E	FAYETTEVILLE, AR
KFSM-1	5	N	FORT SMITH, AR
KFTA-1	24	l	FORT SMITH, AR
KHBS-1	40	N	FORT SMITH, AR
KHBS-2	40.2	I-M	FORT SMITH, AR
KNWA-1	51	N	ROGERS, AR
KOET-1	3	E	EUFAULA, OK
KTUL-1	8	N	TULSA, OK
KXNW-1	25	<u> </u>	EUREKA SPRINGS, AR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### **CEQUEL COMMUNICATIONS LLC**

SYSTEM ID# 002909

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 0101:	A 14	0.5	LOCATION OF STATION		L ANA	0/5	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LUCATION OF STATION
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Accounting Perio	nd: 2019/2					EOD	M SA1-2E DACE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:			FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC				002909
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ify every not coounting pring that mu.  F CONCEI find, did you tion?  ", leave the titute prograce, please of every not distant state gulations, ries like "me Bulls."  In was broad sign of the add add state that hand day we "5/7."  es when the Example:  er "R" if the and regulations regulation regulations and regulations with the same regulations and regulations with the same regulations and regulations with the same regulations and regulations and regulations and regulations are supported to the same regulations and regulations are supported to the same regulations and regulations are supported to the same regulations are supported	eriod, under specific period, under specific period, under specific period, under specific period pe	ision program, broadcast by precific present and former Fin this log, see page (v) of the program of the progra	y a distant stare CC rules, regarded the general instance of the program") to ted for the program titles, for each of the station is like station is like program. Unit cable system of the color of the color of the program. Unit cable system of the program of the program of the color of the	network television programming of another informations for further informations in the information in the paper State Infor	gram  gram  gram  gram  gram  griam  gram  gram  gram  gram  gram  in  month  rately  uired
	effect on October 19, 1976				1 1	N SUBSTITUTE	7 DEASON FOR
	1. TITLE OF PROGRAM		E PROGRAM  3. STATION'S  CALL SIGN		5. MONTH AND DAY	AGE OCCURRED 6. TIMES FROM — TO	7. REASON FOR DELETION

Accounting Period:		SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	3YSTEM ID 00290
<b>K</b> Gross 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	
	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)	
	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 otal 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:	2019/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM:				SYSTEM ID# 002909
M Channels	to its subscribers,	, and (2) the cable system's to number of channels on which	otal num	er of activated channels during		9
	on which the ca	number of activated channels ble system carried television t ast services	broadca	stations		. 57
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of account		RMATION IS NEEDED (Identif	y an individual to whom	
for Further Information	Name	RODNEY HASKINS	***************************************		Telephon	e (903) 579-3152
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartrr TYLER, TX 75701 (City, town, state, zip)		e number)		
	Email	RODNEY.HASK	KINS@/	_TICEUSA.COM	Fax (optional)	
O Certification	I, the undersigne     (Owner)     (Agent in li     X (Office in li     I have examined	of owner other than corporation or partner) I am an officer (ine 1 of space B.  the statement of account and be, and correct to the best of my	ne, but one, but one, but on or partnershation or partners is referenced by the corporation of the corporati	y one, of the boxes.)  I am the owner of the cable so the same of the same	nip) of the legal entity identified as o	e B; or e system as identified owner of the cable system
				/s/ Alan Dannenbaum electronic signature on the line al lature using an "/s/ signature" (e		_
		Typed or printed	d name:	ALAN DANNENBAUM	1	
		Title: (Title of off		PROGRAMMING In held in corporation or partnership)		
		Date:			02/18/2020	

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ccounting Period: 2019/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	002909
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusively and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	asic ude sub-  Special Statement
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.	Necespia Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmemade by satellite carriers to satellite dish owners?	issions
X NO YES. Enter the total here and list the satellite carrier(s) below\$	
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 underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
Line 1 Enter the amount of late payment or underpayment	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	
x 0.00274	1
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 \$	-
(interest cha	rge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the original	
Owner	
Address	
ID number First community served	
Accounting period	

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