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  \$
\$
9/1/2020 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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20201 Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
	Instructions							
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 suite number)							
	TYLER, TX 75701 (City, town, state, zip)							
	(City, town, State, 2/p)							
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:							
	FORT SCOTT, KS							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							

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	2004								
Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	003979							
	Instructions: List each separate community served by the cable system. A "communi								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city								
	CITY OR TOWN	STATE							
First	FORT SCOTT	KS							
Community	BOURBON COUNTY(PORTION)	KS							
Add Rows as Necessary									

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**CEQUEL COMMUNICATIONS LLC** 

\*STEM ID# 003979

# 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,006	34.99				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	32	45.95				
Converter						
Residential						
Non-residential						

# 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	17.00	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			
<ul> <li>Additional set(s)</li> </ul>	25.00	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: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 003979

#### **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
KCPT-1	19	E	KANSAS CITY, MO
KCWE-1	29	<u> </u>	KANSAS CITY, MO
KCWE-2	29.2	I-M	KANSAS CITY, MO
KCWE-HD1	29	I-M	KANSAS CITY, MO
KFJX-1	14	<u> </u>	PITTSBURG, KS
KFJX-HD1	14	I-M	PITTSBURG, KS
KOAM-1	7	N	PITTSBURG, KS
KOAM-HD1	7	N-M	PITTSBURG, KS
KODE-1	12	N	JOPLIN, MO
KODE-HD1	12	N-M	JOPLIN, MO
KSNF-1	16	N	JOPLIN, MO
KSNF-HD1	16	N-M	JOPLIN, MO
KTWU-1	11	E	TOPEKA, KS
KTWU-HD1	11	E-M	TOPEKA, KS
		***************************************	
		***************************************	
		***************************************	

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 003979

#### **CEQUEL COMMUNICATIONS LLC**

## 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3.3.1				5 5. 5. 5. 1		_,_	
<b></b>							

Accounting Perio	nd: 2020/1						FOP	M SA1-2E. PAGE 5.
secounting Fell	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					003979
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa	E: SPECIA  ify every no accounting p ning that mu  T CONCEF riod, did you tion?  ", leave the E PROGRA titute progra ace, please of every no	AL STATEME  nnetwork televi. eriod, under sp ist be included i  RNING SUBS  ur cable system  e rest of this pa  AMS  am on a separa add additional connetwork televi	ision program, broadcast by secific present and former Fin this log, see page (v) of the triple of tripl	y a distant sta FCC rules, reg the general ins asis, any nonr is "Yes," you r s wherever p	julations, ostructions network to must com ossible, it	relevision progression progres	otem carried on a ns. For a further SA1-2 form.  ram  X NO gram gris
	under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broot the case of Mexican or Cat Column 5: Give the mot first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	am titles, for a "No." ram. ne station is live station is ide program. User cable syste 1:15 p.m. to 6 gramming that od; enter the lider FCC rules	censed b lentified). se numer m. List th 5:28:30 p. t your sys letter "P"	"I Love Lucy"  y the FCC or,  rals, with the rectimes accur m. should be stem was requifithe listed properties.	or in month ately			
	S	UBSTITUT	E PROGRAM		CARRIAGE 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		TIMES TO	DELETION

Accounting Period:	2020/1			FORM S	SA1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			•	003979			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	secondary trans to compute this	mission servi				
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 \$13  Instructions: As a cable system with gross receipts of \$137,100 or less, the royal			his six-month				
	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			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2	2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE							
	Base amount under statutory formula	,		,				
	Enter amount of gross receipts from space K		•	•				
	3. Subtract line 2 from line 1							
	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 \$26	3,800 (but	less than \$527	600)				
	Enter the amount of gross receipts from space K	. \$	270,363.28					
	Base amount under statutory formula	\$	263,800.00	•				
	3. Subtract line 2 from line 1	\$	6,563.28	•				
	4. Multiply line 3 by .01		\$	65.63				
	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 .		\$	1,384.63			
	FILING FEE AND TOTAL REMITTANCE DU	JE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,384.63				
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			\$	1,404.63			
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the							

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
Name		VNER OF CABLE SYSTEM: UNICATIONS LLC		SYSTEM ID# 003979
M Channels	to its subscribers,  1. Enter the total is system carried t	and (2) the cable system's total number umber of channels on which the cable	s on which the cable system carried television broadcast stations er of activated channels during the accounting period.	14
		le system carried television broadcast st services	stations	244
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFOF out this statement of account.)	RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	RODNEY HASKINS	Telephone (	(903) 579-3152
		3015 S SE LOOP 323 Number, street, rural route, apartment, or suite TYLER, TX 75701 City, town, state, zip)		
	Email	RODNEY.HASKINS@AL	_TICEUSA.COM Fax (optional)	
O Certification	I, the undersigne     (Owner     (Agent	, hereby certify that (Check one, but only other than corporation or partnership of owner other than corporation or pa	p) I am the owner of the cable system as identified in line 1 of space E     artnership) I am the duly authorized agent of the owner of the cable s	
	X (Office	e 1 of space B and that the owner is no or partner) I am an officer (if a corpora e 1 of space B.	ation) or a partner (if a partnership) of the legal entity identified as own	ner of the cable system
		and correct to the best of my knowledge	clare under penalty of law that all statements of fact contained herein e, information, and belief, and are made in good faith.	
			/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name:	ALAN DANNENBAUM	
			PROGRAMMING In held in corporation or partnership)	
		Date:	8/14/2020	

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counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	003979
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  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 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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 please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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