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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook	03/02/21	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
		20202 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 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:
		WOODWARD, 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 sufficiency of the fling, a determination that would be made by a court of law.

Nomo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	010487
D Area	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	ity" is the same as a "community unit" as defined in FCC rules: "a munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Served	city.	
F ¹	CITY OR TOWN WOODWARD	STATE OK
First Community	MOORELAND	ОК ОК
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA	TEM ID
Name									01048
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission :	service of	the cable	
_	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`				,	hla avatam	brokon	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv							wa and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ly standa		5 Within a		
	Block 1: In the left-hand block	•		0		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		•			
	subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.								
	BLO	OCK 1 NO. OF					BLOC	< 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		853	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		76	45.95					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATES	;				
F	In General: Space F calls for rate		,			, ,			
•	not covered in space E, that is, t service for a single fee. There a					,			
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		he cabl	e system for ea	ch of the	applicable servi	ces listed		
ranemieeione.								t were not	
Transmissions: Rates	Block 2: List any services that	t your cable sys	stem fur		ed during	the accounting			
	listed in block 1 and for which a	separate charg	e was r	rnished or offer nade or establi	-	-		e form of a	
	-	separate charg	e was r	rnished or offer nade or establi	-	-		e form of a	
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLOC	e was r e the ra CK 1	nished or offer nade or establi ate for each.	shed. List	these other ser	vices in the	BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg otion and includ BLOO RATE	e was r e the ra CK 1 CATEC	nished or offer nade or establi ate for each.	shed. List	-	vices in the		RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg otion and includ BLOC RATE	e was r e the ra CK 1 CATEG Installa	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res	shed. List	these other ser	vices in the	BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and includ BLOC RATE 17.00	e was r e the ra CK 1 CATEG Installa • Mo	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel	shed. List	these other ser	vices in the	BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg otion and includ BLOC RATE	e was r e the ra CK 1 CATEC Installa • Mo • Cor	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	shed. List	these other ser	vices in the	BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg otion and includ BLOC RATE 17.00	e was r e the ra CK 1 CATEG Installa • Mo • Cor • Pay	rnished or offer nade or establi ate for each. GORY OF SER' ation: Non-res tel, hotel mmercial y cable	/ICE dential	these other ser	vices in the	BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg otion and includ BLOC RATE 17.00	e was r e the ra CK 1 CATEG Installa • Mo • Cor • Pay • Pay	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	/ICE dential	these other ser	vices in the	BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate charg otion and includ BLOC RATE 17.00	e was r e the ra CATEG Installa • Mo • Cor • Pay • Pay • Fire	rnished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	/ICE dential	these other ser	vices in the	BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg biton and includ BLOC RATE 17.00 19.00 99.00	e was r e the ra CK 1 CATEG Installa • Mo • Cor • Pay • Pay • Fire • Bur	rnished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	/ICE dential	these other ser	vices in the	BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg biton and includ BLOC RATE 17.00 19.00 99.00	e was r e the ra CK 1 CATEG Installa • Mor • Cor • Pay • Pay • Fire • Bur Other s	rnished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection glar protection	/ICE dential	these other ser	vices in the	BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg biton and includ BLOC RATE 17.00 19.00 99.00	e was r e the ra CK 1 CATEG Installa • Mor • Cor • Pay • Pay • Fire • Bur Other s • Red	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable / cable-add'l ch e protection rglar protection services:	/ICE dential	RATE	vices in the	BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg biton and includ BLOC RATE 17.00 19.00 99.00	e was r e the ra CK 1 CATEG Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection rglar protection services: connect	/ICE dential	RATE	vices in the	BLOCK 2	RATI

	2020/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF			SYSTEM II				
	CEQUEL COMMUNIC			0104				
	PRIMARY TRANSMITTERS:							
G		ntify every television station (including to n during the accounting period, <i>except</i> (
	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
rimary smitters:	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.							
evision	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	e in space G—but do list it in space I (th	e Special Statement and Program L	.og)—if the				
	 station was carried only on List the station here, and a 	a substitute basis. also in space I, if the station was carried	both on a substitute basis and also	on some other				
	basis. For further information	on concerning substitute basis stations, s	see page (v) of the general instructi	ons.				
		n's call sign. <i>Do not</i> report origination pr I with a station according to its over-the-	-	-				
	"WETA-2" as the same on the change	the form. el number the FCC assigned to the telev	vision station for broadcasting over	the air in its community				
	of license. For example, W	RC is channel 4 in Washington, D.C.	0					
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	, , , , , , , , , , , , , , , , , , , ,					
	(for independent multicast),	"E" (for noncommercial educational), or	r "E-M" (for noncommercial education					
		rms, see page (iv) of the general instruct n of each station. For U.S. stations, list		is licensed by the				
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station	is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KETA-1	13	Е	OKLAHOMA CITY, OK				
	KFOR-1	4	N	OKLAHOMA CITY, OK				
as Necessary	KFOR-HD1	4	N-M	OKLAHOMA CITY, OK				
	KOCB-1	34	I	OKLAHOMA CITY, OK				
	KOCB-HD1	34	I-M	OKLAHOMA CITY, OK				
	KOCB-HD1 KOCO-1	<u>34</u> 5	I-M N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK				
	КОСО-1 КОСО-НD1	5 5	N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK				
	КОСО-1 КОСО-НD1 КОКН-1	5 5 25	N N-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK				
	КОСО-1 КОСО-НD1 КОКН-1 КОКН-НD1	5 5 25 25	N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1	5 5 25 25 24	N N-M I I-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1	5 5 25 25 24 9	N N-M I I-M I N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1 KWTV-2	5 5 25 25 24 9 9.2	N N-M I I-M I N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1	5 5 25 25 24 9	N N-M I I-M I N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1 KWTV-2	5 5 25 25 24 9 9.2	N N-M I I-M I N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK				
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	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1 KWTV-2	5 5 25 25 24 9 9.2	N N-M I I-M I N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1 KWTV-2	5 5 25 25 24 9 9.2	N N-M I I-M I N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1 KWTV-2	5 5 25 25 24 9 9.2	N N-M I I-M I N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1 KWTV-2	5 5 25 25 24 9 9.2	N N-M I I-M I N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK				
	KOCO-1 KOCO-HD1 KOKH-1 KOKH-HD1 KOMI-1 KWTV-1 KWTV-2	5 5 25 25 24 9 9.2	N N-M I I-M I N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK				

EGAL NAME OF								SYSTEM 010
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se wed by the FCC) it can b ertain sta eneral in parate a	e expected, ated 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	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	

Accounting Perio							FU	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	CEQUEL COMMUNICA	ATIONS LL	_C					010487
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	ify every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	itions, or au	thorizations	. For a further
Carriage:	1. SPECIAL STATEMENT				J			
Special Statement and	• During the accounting per				is, any nonnet	work televi	sion progra	ım
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complet	e the progr	
	log in block 2.				·			
	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 broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ice, please a of every nor distant stati gulations, ou ies like "mor Bulls." in was broad sign of the s adcast statio th and day iv ve "5/7." es when the Example: a er "R" if the	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the of when your syst substitute pro program carrie	ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program	program") tha d for the prog eral instruction n titles, for exa No." station is lice station is licen program. Use cable system. 15 p.m. to 6:2	t, during th ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tin 8:30 p.m. s our system	e accountir f another st er informati ove Lucy" c e FCC or, ir with the ma nes accurat should be was <i>requi</i>	ng ation on. r r n ponth tely <i>red</i>
	was substituted for program effect on October 19, 1976.	nming that y		0				gram
	effect on October 19, 1976.	nming that y		s permitted to delete unde	r FCC rules a		ITUTE	
	effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE	
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FO
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FOI
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FOI
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUT	our system wa E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	nd regulati N SUBST AGE OCC 6. ⁻	ITUTE URRED	7. REASON FOF

Accounting Period:	2020/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID CEQUEL COMMUNICATIONS LLC 01048
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.
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
	Line 1. Royalty fee for accounting period
	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 \$ 232,273.64
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 232,273.64
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,003.74
	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) \$ 1,003.74
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 \$ 1,023.74
	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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 010487
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	total num	Is on which the cable system carried telev ber of activated channels during the acco le	punting period.	13
	on which the	I number of activated channels cable system carried television dcast services	n broadc	ast stations		204
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accourt		ORMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)	nent, or su	te number)		
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	ist be cei	tified and signed in accordance with Copy	yright Office regulations)	
Certification		d, hereby certify that (Check one				
				p) I am the owner of the cable system as id artnership) I am the duly authorized agent of artnership) I am the duly authorized agent of artnership) I am the duly authorized agent of artnership) I am the duly authorized agent of		
		in line 1 of space B and that the	e owner is	antership) i an the duy autorized agent not a corporation or partnership; or ation) or a partner (if a partnership) of the le		
		te, and correct to the best of my	-	clare under penalty of law that all statement ge, information, and belief, and are made in		
			X	/s/ Alan Dannenbaum		
				electronic signature on the line above to certi nature using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printed	name:	ALAN DANNENBAUM		
				PROGRAMMING position held in corporation or partnership)		
		Date:			2/25/2021	

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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	010487
 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. 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessment</pre>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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