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 COPYRIGHT	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>
General instructions are located in the first tab of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A		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 account 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)
		(City, town, state, zip)
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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: PAULS VALLEY, 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	032501
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	PAULS VALLEY	ОК
ommunity	GARVIN COUNTY	OK
	WYNNEWOOD	OK
ws as Necessary		

Name	CEQUEL COMMUNICAT								TEM ID
		IONS LLC							03250
_									
E	SECONDARY TRANSMISSION In General: The information in s					v transmission s	service of	the cable	
_	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p	, , ,			,		hose exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	ble system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	umber of billing	gs in tha	at category (the n	umber o	f persons or org	anizations		
	separately for the particular serv							as and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				,				
	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 o					a a muia a that a m	different	from theory	
	Block 2: If your cable system I printed in block 1 (for example, ti	•		,					
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF	: T				BLOCK	< 2 NO. OF	r –
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		764	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		49	45.95					
	Converter								
	Residential Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat		'			, ,			
I	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any rate	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e system for eacl	h of the :	applicable servi	res listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s	separate charg	je was r	nade or establish	ned. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	47.00		ation: Non-resid	ential				
	Pay cable Approximately add'l channel	17.00	•	tel, hotel					
	Pay cable—add'l channel Eire protection	19.00	-	mmercial / cable					
	Fire protection Burglar protection		· ·	/ cable / cable-add'l chai	nnel				
	Installation: Residential		· ·	e protection					
	First set	99.00		glar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)	_0.00		connect		40.00			
	, , ,		•						
	Converter		- Dis	connect					
	• Converter			tlet relocation		25.00			

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		032
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	entify every television station (including trai m during the accounting period, <i>except</i> (1) in effect on June 24, 1981, permitting the o e)(2) and (4), or 76.63 (referring to 76.61(e) stations carried only on a part-ti carriage of certain network progra	ime basis under ams [sections
Fransmitters: Television	Substitute Basis Stations basis under specific FCC ru	as explained in the next paragraph. s: With respect to any distant stations carri ules, regulations, or authorizations: re in space G—but do list it in space I (the s n a substitute basis		
	• List the station here, and a basis. For further informatic Column 1: List each station	also in space I, if the station was carried be on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination prog	ee page (v) of the general instructi gram services such as HBO, ESF	tions. PN, etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channed of license. For example, W	el number the FCC assigned to the televis VRC is channel 4 in Washington, D.C.	sion station for broadcasting over	the air in its community
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	h case whether the station is a network sta ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the o	r network multicast), "I" (for indepo 'E-M" (for noncommercial educati ions in the paper SA1-2 form. e community to which the station	endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-1	43	1	OKLAHOMA CITY, OK
	KAUT-2	43.2	I-M	OKLAHOMA CITY, OK
	KAUT-HD1	43	I-M	OKLAHOMA CITY, OK
	KETA-1	13	E	OKLAHOMA CITY, OK
	KETA-2	13.2	E-M	OKLAHOMA CITY, OK
	KETA-HD1	13	E-M	OKLAHOMA CITY, OK
	KFOR-1	4	N	OKLAHOMA CITY, OK
	KFOR-2	4.2	I-M	OKLAHOMA CITY, OK
	KFOR-HD1	4	N-M	OKLAHOMA CITY, OK
	KOCB-1	34	I	OKLAHOMA CITY, OK
	KOCB-2	34.2	I-M	OKLAHOMA CITY, OK
	КОСВ-3	34.3	I-M	OKLAHOMA CITY, OK
	KOCB-HD1	34	I-M	OKLAHOMA CITY, OK
	KOCM-1	46	I	NORMAN, OK
	KOCO-1	5	N	OKLAHOMA CITY, OK
	KOCO-2	5.2	I-M	OKLAHOMA CITY, OK
	KOCO-HD1	5	N-M	OKLAHOMA CITY, OK
	КОКН-1	25	I	OKLAHOMA CITY, OK
	1			
	KOKH-2	25.2	I-M	OKLAHOMA CITY, OK
		25.2 25.3	I-M I-M	OKLAHOMA CITY, OK
	KOKH-2			
	кокн-2 кокн-з	25.3	I-M	OKLAHOMA CITY, OK
	кокн-2 кокн-3 кокн-нD1	25.3 25	I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK

	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC	CATIONS LLC		03
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	dentify every television station (including traisent television station), except (1)) stations carried only on a part-t	ime basis under
Primary	5	s in effect on June 24, 1981, permitting the ((e)(2) and (4), or 76.63 (referring to 76.61(e		•
ransmitters: Television	substitute program basis, a	as explained in the next paragraph. s: With respect to any distant stations carri		
relevision	basis under specific FCC r	rules, regulations, or authorizations:		
	 Do not list the station here station was carried only or 	ere in space G—but do list it in space I (the s n a substitute basis.	Special Statement and Program	Log)—if the
	 List the station here, and 	I also in space I, if the station was carried be		
		tion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination proc		
		ed with a station according to its over-the-ai	ir designation. For example, rep	ort multistream
	"WETA-2" as the same on Column 2: Give the chann	n the form. nel number the FCC assigned to the televis	sion station for broadcasting over	the air in its community
	of license. For example, V	WRC is channel 4 in Washington, D.C.	J. J	-
		ch case whether the station is a network sta	ation, an independent station, or a	a noncommercial
	advantional station, by ont	oring the letter "NI" (for network) "NI M" (for	notwork multicast) "I" (for inder	(andant) "I M"
		tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or "I		
	(for independent multicast For the meaning of these t	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction	E-M" (for noncommercial educat ons in the paper SA1-2 form.	ional multicast).
	(for independent multicast For the meaning of these t Column 4: Give the locati	t), "E" (for noncommercial educational), or "	'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station	ional multicast). is licensed by the
	(for independent multicast For the meaning of these t Column 4: Give the locati	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the	'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station	ional multicast). is licensed by the
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the o	'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station community with which the statior	ional multicast). is licensed by the is identified.
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER	E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52	E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52 14	*E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52 14 14 14	E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTEN-1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52 14 14 10	tE-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I N	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK ADA, OK
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52 14 14 10 30	E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I I I I I	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK ADA, OK SHAWNEE, OK
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1 KTUZ-HD1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52 14 14 10 30 30	E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I I I I I I I I I I	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK ADA, OK SHAWNEE, OK SHAWNEE, OK
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52 14 14 10 30	E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I I I I I	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK ADA, OK SHAWNEE, OK SHAWNEE, OK OKLAHOMA CITY, OK
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1 KTUZ-HD1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52 14 14 10 30 30	E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I I I I I I I I I I	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK ADA, OK SHAWNEE, OK SHAWNEE, OK
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1 KTUZ-HD1 KWTV-1	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 52 14 14 10 30 30 9	E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I I I I N I I I N N	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK ADA, OK SHAWNEE, OK SHAWNEE, OK OKLAHOMA CITY, OK

EGAL NAME OF								SYSTEM 032
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate 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 on'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 sed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
	ANA =	0/5			ANA	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 032501
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy 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	ations, or aut	thorizations.	For a further
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s 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." Column 7: Enter the letted to delete under FCC rules a	CONCERI od, did you ion? ', leave the PROGRA itute progra ce, please a of every nor distant stati gulations, o es like "mo' Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatic	NING SUBST r cable system rest of this pag mon a separa add additional r network televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro program carrie listed program ons in effect du	TUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra le 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 progra ring the accounting period	"Yes," you mu "Yes," you mu wherever pos program") that d for the prog eral instruction n titles, for ex No." m. station is lice station is lice station is lice station is lice cable system. 15 p.m. to 6:2 amming that y ; enter the let	twork televis ust complete ssible, if thei at, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim 28:30 p.m. s our system ter "P" if the	sion program YES e the progra r meaning is e accounting another sta er informatio twe Lucy" or FCC or, in with the mod hould be was <i>require</i> listed progr	n X NO m s g tion n.
	was substituted for program effect on October 19, 1976.		E PROGRAM	·	WHE	EN SUBSTI	TUTE	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	6. T FROM	TIMES — TO	DELETION
					·			
							_	
							_	

Accounting Period:	2020/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: CEQUEL COMMUNICATIONS LLC 032501
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 accounting period is \$52.00 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 \$ 243,363.56
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 243,363.56
	5. Enter the amount from line 3 \$ 20,436.44
	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 \$ 1,114.64
	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 \$ 263,800.00
	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 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) \$ 1,114.64
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 \$ 1,134.64
	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# 032501
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	otal num h the cab		unting period.	34
	2. Enter the tota on which the	I number of activated channels cable system carried television	s n broadca	ast stations		532
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		DRMATION IS NEEDED (Identify an individ	dual 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 sui	te number)		
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	st be cer	tified and signed in accordance with Copy	rright Office regulations)	
Certification		d, hereby certify that (Check one				
				p) I am the owner of the cable system as ide artnership) I am the duly authorized agent c		
		in line 1 of space B and that the er or partner) I am an officer (if	e owner is	not a corporation or partnership; or ation) or a partner (if a partnership) of the lea		
		te, and correct to the best of my		clare under penalty of law that all statements ge, information, and belief, and are made in		
			X	/s/ Alan Dannenbaum		-
				electronic signature on the line above to certif nature using an "/s/ signature" (e.g., /s/ John !	·	
		Typed or printed i	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	03250
 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 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	Interest Assessmen
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
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