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	FOFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	03/02/21	S ALLOCATION NUMBER	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	
		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.	037778
		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	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zjp)	
<u> </u>	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these
C	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	bace B.
System	1	IDENTIFICATION OF CABLE SYSTEM: BOONVILLE, MO	
		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.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC	037778
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	e parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	BOONVILLE	MO
Community	COOPER COUNTY(PORTIONS)	MO
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							TEM ID
Name									03777
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	last day of the accounting period	`				,		. huslan	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv	ice at the rate	indicate	d-not the num	ber of set	s receiving serving	/ice).	-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				y stanua		s within a	particular rate	
	Block 1: In the left-hand block	in space E, th	e form l	ists the categori					
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	nce again und	er "Serv	vice to additiona	l set(s)."				
	Block 2: If your cable system	•							
	printed in block 1 (for example, t with the number of subscribers a					•			
	sufficient.		o ngini i						
	BLC	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		609	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		36	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
E	In General: Space F calls for rat	`	'		•	, ,			
F	not covered in space E, that is, t					,			
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than	amount of the charge and the ur	nit in which it is							
Secondary	enter only the letters "PP" in the						1 - 41		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Rules	listed in block 1 and for which 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	CATEC	GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-resid	dential				
	• Pay cable	17.00	• Mo	tel, hotel					
	Pay cable—add'l channel	19.00	-	mmercial					
	Fire protection			y cable	-				
	•Burglar protection		-	/ cable-add'l cha	annel				
	Installation: Residential			e protection					
	• First set	99.00		rglar protection					
	Additional set(s)	25.00		services:		40.00			
	• FM radio (if separate rate)			connect connect		40.00			
			• 1/IS						
	Converter					05.00			
	• Converter		• Ou	tlet relocation ve to new addre	~~	25.00 99.00			

ame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
	CEQUEL COMMUNIC			0377
	PRIMARY TRANSMITTERS:			
G mary	carried by your cable system FCC rules and regulations in	ntify every television station (including tr n during the accounting period, <i>except</i> (n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61	(1) stations carried only on a part-tin e carriage of certain network progra	ne basis under ms [sections
mitters: vision	substitute program basis, as Substitute Basis Stations:	s explained in the next paragraph. With respect to any distant stations car		
	• Do not list the station here station was carried only on a			
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro	see page (v) of the general instruction ogram services such as HBO, ESPI	ons. N, etc. Identify each
	"WETA-2" as the same on the Column 2 : Give the channed	el number the FCC assigned to the telev		
		RC is channel 4 in Washington, D.C. case whether the station is a network st	tation, an independent station, or a	noncommercial
	educational station, by enter	ring the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indepe	endent), "I-M"
	For the meaning of these ter	"E" (for noncommercial educational), or rms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list t dian stations, if any, give the name of the	,	,
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMIZ(KQFX)-4	17.4		
•			I_M	
Vecessary	KMIZ(KQFX)-HD4	17.4	I-M	COLUMBIA, MO
lecessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3	17.4 17.3	I-M	COLUMBIA, MO COLUMBIA, MO
lecessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3	17.4		COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO
Vecessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1	17.4 17.3 17.3 17	I-M I N	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO
Vecessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3	17.4 17.3 17.3 17 17 17.2	I-M I N I-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO
Vecessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3	17.4 17.3 17.3 17 17 17.2 17.3	I-M I N I-M I-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO
Vecessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1	17.4 17.3 17.3 17 17 17.2 17.3 17	I-M I N I-M I-M N-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO
Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD3	17.4 17.3 17.3 17 17 17.2 17.3 17 17.3	I-M I N I-M I-M N-M N-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO
Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD3 KMOS-1	17.4 17.3 17.3 17 17 17.2 17.3 17 17.3 6	I-M I N I-M I-M N-M N-M E	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO
; Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD1 KMIZ-HD3 KMOS-1 KMOS-2	17.4 17.3 17.3 17 17.2 17.2 17.3 17 17.3 6 6 6.2	I-M I N I-M I-M N-M E E E-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO
5 Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD1 KMIZ-HD3 KMOS-1 KMOS-2 KMOS-2	17.4 17.3 17.3 17 17.2 17.2 17.3 17 17.3 6 6 6.2 6.3	I-M I N I-M I-M N-M N-M E E E-M E-M E-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO SEDALIA, MO
s Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD1 KMIZ-HD3 KMOS-1 KMOS-2 KMOS-2 KMOS-2	17.4 17.3 17.3 17.3 17 17.2 17.3 17 17.3 6 6 6.2 6.3 6.4	I-M I N I-M I-M N-M E E E-M E-M E-M E-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO
ıs Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD3 KMOS-1 KMOS-2 KMOS-2 KMOS-2 KMOS-4 KMOS-HD1	17.4 17.3 17.3 17 17.2 17.3 17 17.3 6 6 6.2 6.3 6.4 6	I-M I N I-M I-M N-M N-M E E E-M E-M E-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO
s Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD3 KMOS-1 KMOS-2 KMOS-2 KMOS-4 KMOS-HD1 KNLJ-1	17.4 17.3 17.3 17.3 17 17.2 17.3 17 17.3 6 6 6.2 6.3 6.4 6 25	I-M I N I-M I-M I-M E E E-M E-M E-M E-M E-M E-M I	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO
s Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD3 KMOS-1 KMOS-2 KMOS-2 KMOS-2 KMOS-4 KMOS-HD1 KNLJ-1 KOMU-1	17.4 17.3 17.3 17 17.2 17.3 17 17.3 6 6 6.2 6.3 6.4 6 25 8	I-M I N N-M E E-M E-M E-M E-M E-M I N	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO
s Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD3 KMOS-1 KMOS-1 KMOS-2 KMOS-2 KMOS-2 KMOS-4 KMOS-4 KMOS-HD1 KNLJ-1 KOMU-1 KOMU-2	17.4 17.3 17.3 17.3 17 17.2 17.3 17 17.3 6 6 6.2 6.3 6.4 6 25 8 8 8.2	I-M I N I-M I-M I-M E E E-M E-M E-M E-M E-M E-M I I N I-M	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO COLUMBIA, MO COLUMBIA, MO
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as Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD1 KMOS-1 KMOS-1 KMOS-2 KMOS-2 KMOS-2 KMOS-4 KMOS-4 KMOS-HD1 KNLJ-1 KOMU-1 KOMU-2 KOMU-HD1 KRCG-1	17.4 17.3 17.3 17 17.2 17.3 17 17.3 17 17.3 6 6.2 6.3 6.4 6 25 8 8.2 8 13	I-M I N N I-M I-M E M E E E-M E-M E-M E-M I I N I N N N N N N	COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO SEDALIA, MO COLUMBIA, MO COLUMBIA, MO COLUMBIA, MO
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as Necessary	KMIZ(KQFX)-HD4 KMIZ(KZOU)-3 KMIZ(KZOU)-HD3 KMIZ-1 KMIZ-2 KMIZ-3 KMIZ-HD1 KMIZ-HD1 KMOS-1 KMOS-1 KMOS-2 KMOS-2 KMOS-2 KMOS-4 KMOS-4 KMOS-HD1 KNLJ-1 KOMU-1 KOMU-2 KOMU-HD1 KRCG-1	17.4 17.3 17.3 17 17.2 17.3 17 17.3 17 17.3 6 6.2 6.3 6.4 6 25 8 8.2 8 13	I-M I N N I-M I-M E M E E E-M E-M E-M E-M I I N I N N N N N N	COLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOSEDALIA, MOSEDALIA, MOSEDALIA, MOSEDALIA, MOSEDALIA, MOSEDALIA, MOSEDALIA, MOSEDALIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOCOLUMBIA, MOJEFFERSON CITY, MOCOLUMBIA, MOJEFFERSON CITY, MO

EGAL NAME OF								SYSTEM I 0377
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si	it is carried by monitoring, to rrmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-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. n is AM or FM.	t the system's hea system's FM ante this point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
gnal, indicate Column 4: G	this by placing ive the statior	g a checl n's locati	nal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
		1						

Accounting Perio							101	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 037778
	SUBSTITUTE CARRIAGE	E: SPECIAL	_ STATEMEN	T AND PROGRAM LOG	i			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting per	riod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TUTE CARRIAGE	-			
Special Statement and	During the accounting per	riod, did your	cable system	carry, on a substitute bas	is, any nonne	twork televi	ision prograr	n
Program Log	broadcast by a distant sta	tion?				l	YES	NO
	Note: If your answer is "No	", leave the r	est of this pag	je blank. If your answer is	"Yes," you mu	ist complet	te the progra	m
	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 prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give	titute program ace, please and of every non distant static egulations, or ries like "mov Bulls." m was broadd sign of the st adcast station hadian station th and day w ve "5/7." es when the	m on a separa dd additional r inetwork televi on and that you authorizations vies" or "baske cast live, enter tation broadca n's location (th ns, if any, the o when your syst substitute pro	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra r "Yes." Otherwise enter "I sting the substitute progra te community to which the community with which the tem carried the substitute gram was carried by your	program") tha d for the prog eral instruction n titles, for ex No." am. station is lice station is liden program. Use cable system.	t, during th ramming o ns for furth ample, "I L nsed by the tified). numerals, List the tin	e accounting f another sta er informatio ove Lucy" or e FCC or, in with the mo nes accurate	g n. n.
	to delete under FCC rules a was substituted for program	and regulation nming that yo	ns in effect du	a	l; enter the let	ter "P" if the	e listed prog	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that yc	ns in effect du	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if the	e listed prog ions in ITUTE	7. REASON FOF
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that yc SUBSTITUTI	ns in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if the ind regulati	e listed prog ions in ITUTE	ram
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	And regulation nming that you SUBSTITUTE 2. LIVE?	ns in effect du bur system wa <u>E PROGRAM</u> 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the ind regulati	e listed prog ions in ITUTE CURRED TIMES	7. REASON FO
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	And regulation nming that you SUBSTITUTE 2. LIVE?	ns in effect du bur system wa <u>E PROGRAM</u> 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the ind regulati	e listed prog ions in ITUTE CURRED TIMES	7. REASON FO
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	And regulation nming that you SUBSTITUTE 2. LIVE?	ns in effect du bur system wa <u>E PROGRAM</u> 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the ind regulati	e listed prog ions in ITUTE CURRED TIMES	7. REASON FO
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	And regulation nming that you SUBSTITUTE 2. LIVE?	ns in effect du bur system wa <u>E PROGRAM</u> 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the ind regulati	e listed prog ions in ITUTE CURRED TIMES	7. REASON FO
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	And regulation nming that you SUBSTITUTE 2. LIVE?	ns in effect du bur system wa <u>E PROGRAM</u> 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the ind regulati	e listed prog ions in ITUTE CURRED TIMES	7. REASON FO
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Accounting Period:	2020/2 FORM SA1-2E. P	AGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: CEQUEL COMMUNICATIONS LLC 03	M ID# 7778
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	00
	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 \$ 214,030.36	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 214,030.36	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here) \$ 821.	30
		00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 821.	30
	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	
	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) \$ 821.30	
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 \$ 841.3	30
	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# 037778
M Channels	to its subscriber 1. Enter the tota system carrie	rs, and (2) the cable system's to al number of channels on which ad television broadcast stations	total num th the cat s	Is on which the cable system carried television broadcast s ber of activated channels during the accounting period. le		18
	on which the	al number of activated channels cable system carried televisior dcast services	n broadc	ast stations		217
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		DRMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	RODNEY HASKINS		Tele	ephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)		te number)		
	Email	RODNEY.HASK	KINS@A	LTICEUSA.COM Fax (optional		
	CERTIFICATION	(This statement of account mu	ust be ce	tified and signed in accordance with Copyright Office regula	ations)	
O Certification		ed, hereby certify that (Check on r other than corporation or pa		<i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of	space E	3; or
		in line 1 of space B and that the	e owner is	artnership) I am the duly authorized agent of the owner of the s not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified		
	I have examined	in line 1 of space B. the statement of account and h	hereby de	clare under penalty of law that all statements of fact contained		
	are true, comple [18 U.S.C., Sect		y knowlec	ge, information, and belief, and are made in good faith.		
			<u>X</u>	/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	I name:	ALAN DANNENBAUM		
				PROGRAMMING I 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	037778
 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
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