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 | T OFFICE 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 |

| Α | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|------------|------|---|
| | | |
| | | 2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | | |
| | | 20202 Barcode Data Filing Period (optional - see instructions) |
| Accounting | | 20202 |
| Period | | |
| | | Instructions: |
| В | | 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: |
| | | VERNON, TX |
| | | 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: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 004263 |
|----------------------|--|---|
| D Area | Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or r city. | ommunity" is the same as a "community unit" as defined in FCC rules: "a ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first |
| Served | city. | |
| F 1 | CITY OR TOWN VERNON | STATE TX |
| First Community | VERNON | 12 |
| dd Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM | | | | | | FORM SA | TEM ID |
|-------------------------------|---|--|--|--|---|---|--|--------------------------------------|--------|
| Name | CEQUEL COMMUNICAT | | | | | | | | 00426 |
| | | | | | | | | | |
| 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 | | | | | | | | |
| | 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 | • | | • | | | | | |
| | 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 of | | | | | | | , ,, | |
| | Block 2: If your cable system printed in block 1 (for example, t | - | | • | | | | | |
| | with the number of subscribers a | | | | | | ,. | | |
| | sufficient. | | 0 | | | | | | |
| | BLO | DCK 1 NO. OF | | | | | BLOC | < 2 NO. OF | 1 |
| | CATEGORY OF SERVICE | SUBSCRIBE | | RATE | CATE | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 805 | 34.99 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 39 | 45.95 | | | | | |
| | Converter | | | | | | | | |
| | Residential Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATES | ; | | | | |
| F | In General: Space F calls for rat | ` | , | | • | , , | | | |
| • | not covered in space E, that is, t service for a single fee. There a | | | | | , | , | | |
| Services | furnished at cost or (2) services | | | | | | | | |
| | amount of the charge and the ur | | ueually | | | | | regram basis | |
| Other Than | | | usually | | tes are ch | narged on a vari | able per-p | logram basis, | |
| Secondary | enter only the letters "PP" in the | rate column. | | billed. If any ra | | Ū | | lografii basis, | |
| | | rate column. te charged by t | he cable | billed. If any ra e system for ea | ch of the | applicable servi | ces listed. | | |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rate | rate column. te charged by t t your cable sys | he cable stem fur | billed. If any ra e system for ea mished or offer | ch of the ed during | applicable servi the accounting | ces listed. period that | t were not | |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that | rate column. te charged by t t your cable sys separate charg | he cable stem fur e was r | billed. If any ra e system for ea mished or offer nade or establis | ch of the ed during | applicable servi the accounting | ces listed. period that | t were not | |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip | rate column. te charged by the tyour cable system separate chargo tion and includ | he cable stem fur e was r e the ra CK 1 | billed. If any ra e system for ea rnished or offer nade or establis ate for each. | ch of the ed during shed. List | applicable servi the accounting | ces listed. period that | t were not | |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE | rate column. te charged by the tyour cable system separate chargo tion and includ | he cable stem fur e was r e the ra CK 1 CATEC | billed. If any ra e system for ea mished or offer- nade or establis ate for each. | ch of the sed during shed. List | applicable servi the accounting | ces listed. period that vices in the | t were not e form of a | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: | rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE | he cable stem fur e was r e the ra CK 1 CATEG Installa | billed. If any ra e system for ea mished or offer- nade or establis ate for each. GORY OF SER ation: Non-resi | ch of the sed during shed. List | applicable servi the accounting these other ser | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable | rate column. te charged by ti t your cable sys separate charg tion and includ BLOC RATE 17.00 | he cable stem fur e was r e the ra CK 1 CATEG Installa • Mo | billed. If any ra e system for ea mished or offer- nade or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel | ch of the sed during shed. List | applicable servi the accounting these other ser | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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 | rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE | he cable stem fur e was r le the ra <u>CK 1</u> <u>CATEG</u> Installa • Mo | billed. If any ra e system for ea mished or offer nade or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial | ch of the sed during shed. List | applicable servi the accounting these other ser | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection | rate column. te charged by ti t your cable sys separate charg tion and includ BLOC RATE 17.00 | he cable stem fur e was r e the ra CK 1 CATEC Installa • Mo • Cor • Pay | billed. If any ra e system for ea rnished or offer nade or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable | ch of the ed during shed. List /ICE dential | applicable servi the accounting these other ser | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection | rate column. te charged by ti t your cable sys separate charg tion and includ BLOC RATE 17.00 | he cable stem fur e was r e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mor • Cor • Pay • Pay | billed. If any ra e system for ea rnished or offer- nade or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial / cable / cable-add'l ch | ch of the ed during shed. List /ICE dential | applicable servi the accounting these other ser | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection | rate column. te charged by ti t your cable sys separate charg tion and includ BLOC RATE 17.00 | he cable stem fur e was r e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mo • Cor • Pay • Pay • Fire | billed. If any ra e system for ea mished or offer- nade or establis ate for each. GORY OF SER\ ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch e protection | ch of the ed during shed. List /ICE dential | applicable servi the accounting these other ser | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential | rate column. te charged by ti t your cable sys separate charg tition and includ BLOC RATE 17.00 19.00 99.00 | he cable stem fur e was r e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mor • Cor • Pay • Pay • Fire • Bur | billed. If any ra e system for ea rnished or offer- nade or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial / cable / cable-add'l ch | ch of the ed during shed. List /ICE dential | applicable servi the accounting these other ser | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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 | rate column. te charged by ti t your cable sys separate charg tition and includ BLOC RATE 17.00 19.00 99.00 | he cable stem fur e was r e the ra CK 1 CATEC Installa • Mor • Cor • Pay • Pay • Fire • Bur Other s | billed. If any ra e system for ea mished or offer- nade or establis ate for each. GORY OF SER ation: Non-resi tel, hotel mmercial / cable / cable / cable-add'l ch e protection glar protection | ch of the ed during shed. List /ICE dential | applicable servi the accounting these other ser | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | rate column. te charged by ti t your cable sys separate charg tition and includ BLOC RATE 17.00 19.00 99.00 | he cable stem fur e was r e the ra CK 1 CATEC Installa • Mor • Cor • Pay • Pay • Fire • Bur Other s | billed. If any ra e system for ea mished or offer- nade or establis ate for each. BORY OF SERV ation: Non-resi tel, hotel mmercial (cable (cable-add'l ch e protection rglar protection services: | ch of the ed during shed. List /ICE dential | applicable servi the accounting these other ser RATE | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | rate column. te charged by ti t your cable sys separate charg tition and includ BLOC RATE 17.00 19.00 99.00 | he cable stem fur e was r e the ra CK 1 CATEG Installa • Mo • Cor • Pay • Pay • Fire • Bur • Bur • Bur • Cher s • Cor • Pay | billed. If any ra e system for ea mished or offer- nade or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial / cable / cable-add'l ch e protection glar protection services: connect | ch of the ed during shed. List /ICE dential | applicable servi the accounting these other ser RATE | ces listed. period that vices in the | t were not e form of a BLOCK 2 | RATE |

| ounting Period: 2 | 2020/2 | | | FORM SA1-2E. PA | GE 3 |
|--------------------------------------|--|---|--|--|------|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM | |
| | CEQUEL COMMUNIC | | | 004 | 263 |
| G Primary Transmitters: | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e | TELEVISION 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 s explained in the next paragraph. | 1) stations carried only on a part-tir carriage of certain network progra | me basis under ms [sections | |
| Television | Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter | : With respect to any distant stations car iles, regulations, or authorizations: a in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried in concerning substitute basis stations, s o's call sign. <i>Do not</i> report origination pro- I with a station according to its over-the- | e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo ision station for broadcasting over t tation, an independent station, or a pr network multicast), "I" (for independent | Log)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" | |
| | For the meaning of these te Column 4: Give the location | rms, see page (iv) of the general instruc n of each station. For U.S. stations, list t dian stations, if any, give the name of the | tions in the paper SA1-2 form. he community to which the station i e community with which the station | is licensed by the is identified. | |
| | | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | |
| | KAUZ-1 | 6 | N | WICHITA FALLS, TX | |
| | KAUZ-2 | 6.2 | I-M | WICHITA FALLS, TX | |
| vs as Necessary | KAUZ-HD1 | 6 | N-M | WICHITA FALLS, TX | |
| | KFDX-1 | 3 | N | WICHITA FALLS, TX | |
| | KFDX-3 | 3.3 | I-M | WICHITA FALLS, TX | |
| | KFDX-HD1 | 3 | N-M | WICHITA FALLS, TX | |
| | KJBO-1 | 3 | I | WICHITA FALLS, TX | |
| | KJTL-1 | 18 | I | WICHITA FALLS, TX | |
| | KJTL-HD1 | 18 | I-M | WICHITA FALLS, TX | |
| | KRMA-1 | 6 | E | DENVER, CO | |
| | KSWO-1 | 7 | Ν | LAWTON, OK | |
| | KSWO-2 | 7.2 | I-M | LAWTON, OK | |
| | KSWO-HD1 | 7 | N-M | LAWTON, OK | |
| | KSWO-HD2 | 7.2 | I-M | LAWTON, OK | |
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| EGAL NAME OF | | | | | | | | SYSTEM I 0042 |
|---|--|---|--|--|----------------------------------|--------------------------|--------------------------------|----------------------------------|
| RIMARY TRA | | | | | | | | |
| n General: List | every radio s | tation ca | rried on a separate and discre nerally receivable by your cab | | | | | н |
| eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id | it is carried by monitoring, to prmation abou m. entify the call | y the sys be recei It the Co sign of e | -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. | t the system's hea system's FM ante | adend, and (2) nna, during ce |) it can b ertain sta | e expected, ated intervals. | Primary Transmitters Radio |
| Column 3: If ignal, indicate | the radio stati this by placing | ion's sigı g a checl | n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th | | | | | |
| lexican or Can | adian stations | s, if any, | the community with which the | station is identifie | ed). | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| | d: 2020/2 | | | | | | FUF | RM SA1-2E. PAGE 5 |
|----------------------|---|---|---|---|---|---|---|----------------------|
| Name | LEGAL NAME OF OWNER OF | | | | | | | SYSTEM ID# 004263 |
| | SUBSTITUTE CARRIAGE | ify every non | network televis | <i>ion program,</i> broadcast by a | a <i>distant</i> static | | | |
| Substitute | substitute basis during the a explanation of the programm | | | | | | | |
| Carriage: Special | 1. SPECIAL STATEMENT | CONCER | NING SUBST | ITUTE CARRIAGE | | | | |
| Statement and | During the accounting per | riod, did you | r cable system | carry, on a substitute basi | is, any nonne | twork televi | sion prograr | |
| Program Log | broadcast by a distant sta | tion? | | | | L | YES | NO |
| | Note: If your answer is "No | ", leave the | rest of this pag | e blank. If your answer is | "Yes," you mu | ust complete | e 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 program | titute progra ace, please a of every not distant stati egulations, o ries like "mo Bulls." m was broad | m on a separa add additional i nnetwork televi ion and that yo r authorization vies" or "baske dcast live, ente | rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene | program") tha d for the prog eral instruction n titles, for ex No." | it, during the ramming of ns for furthe | e accounting another sta r informatio | g ition n. |
| | the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | nadian statio nth and day ve "5/7." es when the . Example: a er "R" if the | ons, if any, the when your sys substitute pro program carri listed program | tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra | station is iden program. Use cable system. 15 p.m. to 6:2 amming that y | ntified). numerals, List the tim 8:30 p.m. s | with the mo nes accurate hould be was <i>require</i> | ely ed |
| | was substituted for program effect on October 19, 1976. | nming that y | | а а | | | | lam |
| | effect on October 19, 1976. | nming that y | | s permitted to delete unde | FCC rules a | | TUTE | 7. REASON FO |
| | effect on October 19, 1976. | nming that y | our system wa | s permitted to delete unde | FCC rules a | IN SUBST | TUTE | |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FO |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FO |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FO |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FO |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FO |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FO |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FO |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FO |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FC |
| | effect on October 19, 1976. | Norming that y | E PROGRAM | s permitted to delete unde | WHE CARRI | IN SUBSTI | TUTE URRED TIMES | 7. REASON FC |
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| Accounting Period: | 2020/2 FORM SA1-2E. PAGE |
|------------------------------------|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: CEQUEL COMMUNICATIONS LLC 00426 |
| 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 \$ 232,500.19 |
| | 3. Subtract line 2 from line 1 |
| | 4. Enter the amount of gross receipts from space K \$ 232,500.19 |
| | 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 |
| | 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) \$ 1,006.00 |
| 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 \$ 1,026.00 |
| | EFT Trace # or TRANSACTION ID # |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information. |

| Accounting Period: | 2020/2 | | | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|---|--|---|
| Name | LEGAL NAME OF OWNER OF CAE CEQUEL COMMUNICATION | | | SYSTEM ID# 004263 |
| M Channels | to its subscribers, and (2) the of 1. Enter the total number of ch | cable system's total num | els on which the cable system carried television broadcast sta uber of activated channels during the accounting period. Ne | tions |
| | on which the cable system o | carried television broadc | ast stations | 232 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTAC we can contact about this state | | DRMATION IS NEEDED (Identify an individual to whom | |
| for Further Information | Name RODNEY | HASKINS | Telep | hone (903) 579-3152 |
| | (Number, street, TYLER, T (City, town, state | | | |
| | CERTIFICATION (This statemen | nt of account must be ce | tified and signed in accordance with Copyright Office regulati | (2010 |
| O Certification | I, the undersigned, hereby certif (Owner other than compared in line 1 of space) X (Officer or partner) I in line 1 of space I have examined the statement of the statement of | fy that (Check one, but or orporation or partnershi er than corporation or p ace B and that the owner is I am an officer (if a corpo ace B. of account and hereby de to the best of my knowled | | ace B; or able system as identified s owner of the cable system |
| | | | /s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) | _ |
| | τı | yped or printed name: | ALAN DANNENBAUM | |
| | ті | | PROGRAMMING | |
| | Da | ate: | 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 |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| QUEL COMMUNICATIONS LLC | 00426 |
| 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 | |
| | |
| 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 Assessmen |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessmen |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessmen |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessmen |
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