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

| STATEME | ENT OF ACCOUNT | FOR COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: |
|----------------------|---|---|--|---|
| for Seconda | ry Transmissions by | DATE RECEIVED | AMOUNT | coplicsoa@copyright.gov |
| General instru | <i>ms (Short Form)</i> ctions are located of this workbook | 03/02/21 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| Α | ACCOUNTING PERIOD COVERED E | BY THIS STATEMENT: (YY | 'YY/(Period)) | |
| | 2020/2 | Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona | Period 2 = July 1 - December 31 I - see instructions) | |
| Accounting Period | 20202 | | | |
| В | Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo | - | diary of another corporation, give the full corp | orate title of |
| Owner | List any other name or names under which | the owner conducts the business of th | e cable system. | |
| | If there were different owners during the a statement of account and royalty fee paym | . | he last day of the accounting period should sub riod. | bmit a single |
| | Check here if this is the system's first filing. | If not, enter the system's ID number a | assigned by the Licensing Division. | 061701 |
| | | | | |
| | LEGAL NAME OF OWNER/MAILING | ADDRESS OF CABLE SYSTEM | | |

| | | 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 |
| | | 3027 S SE LOOP 323 |
| | | (Number, street, rural route, apartment, or suite number) |
| | | TYLER, TX 75701 |
| | | (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 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 | 4 | IDENTIFICATION OF CABLE SYSTEM: |
| | 1 | KENTUCKY STATE REFORMATORY |
| | | 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.

E

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|---------------------|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | 061701 |
| - | Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co | unity" is the same as a "community unit" as defined in FCC rules: "a |
| D | unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil community." Please use it as the first community on all future filings. | |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobi city. | le home parks should be reported in parentheses below the identified |
| Served | | |
| First | CITY OR TOWN LAGRANGE | STATE KY |
| Community | (KENTUCKY STATE REF) | |
| d Rows as Necessary | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | | TEM ID |
|---|--|---|--|--|---|---|---|---|--------|
| Name | | | | | | | | | 06170 |
| | | | | | | | | | |
| 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 | | | | | | | | |
| Service: Sub- scribers and | Number of Subscribers: Both down by categories of secondary | • | | | | | | , | |
| Rates | each category by counting the n | • | | • | | • | | | |
| natoo | separately for the particular serv | | | | | | | onargou | |
| | Rate: Give the standard rate c | | | | | | | | |
| | unit in which it is generally billed | | | | y standa | rd rate variation | s within a | particular rate | |
| | category, but do not include disc Block 1: In the left-hand block | | | | es of sec | ondary transmi | ssion servi | ce that cable | |
| | 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 | | | | | I in the count ur | nder "Servi | ce to the | |
| | Block 2: If your cable system | U U | | | · · · | service that are | e different | from those | |
| | printed in block 1 (for example, t | - | | • | | | | | |
| | with the number of subscribers a | and rates, in the r | right-ha | nd block. A tw | o- or thre | e-word descript | ion of the | service is | |
| | sufficient. | DCK 1 | | | | | BLOCI | < 2 | |
| | | NO. OF | | | | | | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBER | RS | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 0 | - | | | | | |
| | • Service to additional set(s) | | 0 | 0 | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | 00 | 40.74 | | | | | |
| | Commercial | | 80 | 40.71 | | | | | |
| | Converter Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | SMISSI | ONS: RATES | | | | | |
| F | In General: Space F calls for rat | (| , | | • | , , | | | |
| • | not covered in space E, that is, t service for a single fee. There ar | | | | | , | , | | |
| | | e two exceptions | | J NOL NEEU LO | give rate | | icenning (i | | |
| Services | furnished at cost or (2) services | or facilities furnis | snea to | nonsubscribei | s. Rate ir | | Ild include | both the | |
| Services Other Than | amount of the charge and the ur | nit in which it is u | | | | nformation shou | | | |
| Other Than Secondary | amount of the charge and the ur enter only the letters "PP" in the | nit in which it is u rate column. | sually b | illed. If any rat | es are ch | nformation shou harged on a var | iable per-p | | |
| Other Than Secondary Fransmissions: | amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat | hit in which it is us rate column. te charged by the | sually b e cable : | illed. If any rat | es are ch | nformation shou narged on a var applicable servi | iable per-p ces listed. | rogram basis, | |
| Other Than Secondary | amount of the charge and the ur enter only the letters "PP" in the | hit in which it is us rate column. te charged by the t your cable syste | sually b e cable : em furni | illed. If any rai system for eac shed or offere | es are ch ch of the d during | nformation shou harged on a var applicable servi the accounting | iable per-p ces listed. period tha | rogram basis, t were not | |
| Other Than Secondary Fransmissions: | amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that | hit in which it is un rate column. te charged by the t your cable syste separate charge | sually b e cable s em furni was ma | illed. If any rat system for each shed or offere ide or establis | es are ch ch of the d during | nformation shou harged on a var applicable servi the accounting | iable per-p ces listed. period tha | rogram basis, t were not | |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 | hit in which it is un rate column. te charged by the t your cable syste separate charge | sually b e cable : em furni was ma the rate | illed. If any rat system for each shed or offere ide or establis | es are ch ch of the d during | nformation shou harged on a var applicable servi the accounting | iable per-p ces listed. period tha | rogram basis, t were not | |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 | hit in which it is un rate column. the charged by the t your cable syste separate charge totion and include BLOCH | sually b e cable = em furni was ma the rate | illed. If any rat system for each shed or offere ide or establis | es are ch ch of the d during hed. List | nformation shou harged on a var applicable servi the accounting | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 | hit in which it is un rate column. te charged by the t your cable syste separate charge otion and include BLOCK RATE C | sually b e cable : em furni was ma the rate <u>< 1</u> :ATEGC | illed. If any rat system for eau shed or offere ide or establis for each. | es are ch ch of the d during hed. List | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 | hit in which it is un rate column. te charged by the t your cable syste separate charge otion and include BLOCK RATE C | sually b e cable : em furni was ma the rate <u>< 1</u> :ATEGC | illed. If any rat system for each shed or offere ide or establis for each. IRY OF SERV on: Non-resid | es are ch ch of the d during hed. List | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 : | hit in which it is un rate column. te charged by the t your cable syste separate charge otion and include BLOCK RATE C | sually b e cable s em furni was ma the rate X 1 ATEGC stallati • Mote | illed. If any rat system for each shed or offere ide or establis for each. IRY OF SERV on: Non-resid | es are ch ch of the d during hed. List | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 | hit in which it is un rate column. te charged by the t your cable syste separate charge otion and include BLOCK RATE C | sually b e cable s em furni was ma the rate X 1 ATEGC stallati • Mote | illed. If any rat system for each shed or offere ide or establis for each. IRY OF SERV on: Non-resid hotel nercial | es are ch ch of the d during hed. List | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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'I channel | hit in which it is un rate column. te charged by the t your cable syste separate charge otion and include BLOCK RATE C | sually b e cable sem furni was ma the rate < 1 ATEGC stallati • Mote • Comi • Pay o | illed. If any rat system for each shed or offere ide or establis for each. IRY OF SERV on: Non-resid hotel nercial | es are ch ch of the d during hed. List ICE dential | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection | hit in which it is un rate column. te charged by the t your cable syste separate charge otion and include BLOCK RATE C | sually b e cable sem furni was ma the rate ATEGC stallati • Mote • Comi • Pay c | illed. If any rat system for each shed or offere de or establis for each. <u>IRY OF SERV</u> on: Non-resid , hotel mercial sable | es are ch ch of the d during hed. List ICE dential | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection | hit in which it is un rate column. te charged by the t your cable syste separate charge otion and include BLOCK RATE C | sually b e cable sem furni was ma the rate ATEGC nstallati • Mote • Com • Pay c • Fire p | illed. If any rat system for each shed or offere ide or establis for each. <u>RY OF SERV</u> on: Non-resin hotel mercial sable sable-add'l cha | es are ch ch of the d during hed. List ICE dential | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 | hit in which it is urate column. The charged by the charged by the separate charge systemed and include BLOCH RATE CRATE | sually b e cable sem furni was ma the rate ATEGC nstallati • Mote • Com • Pay c • Fire p | illed. If any rat system for each shed or offered de or establis for each. RY OF SERV on: Non-resid hotel mercial cable cable-add'I chaorotection ar protection | es are ch ch of the d during hed. List ICE dential | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 • First set | hit in which it is urate column. The charged by the charged by the separate charge systemed and include BLOCH RATE CRATE | sually b e cable sem furni was ma the rate ATEGC nstallati • Mote • Com • Pay c • Fire p • Burgl | illed. If any rat system for each shed or offered de or establis for each. <u>IRY OF SERV</u> on: Non-resid , hotel mercial cable cable-add'I char protection ar protection rvices: | es are ch ch of the d during hed. List ICE dential | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 s 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) | hit in which it is urate column. The charged by the charged by the separate charge systemed and include BLOCH RATE CRATE | sually b e cable sem furni was ma the rate ATEGC stallati • Mote • Com • Pay c • Fire p • Burgl other se | illed. If any rat system for each shed or offered de or establis for each. <u>INTY OF SERV</u> on: Non-resid , hotel mercial sable able-add'l cha protection ar protection rvices: nnect | es are ch ch of the d during hed. List ICE dential | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |
| Other Than Secondary Fransmissions: | amount of the charge and the ur 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 s 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) | hit in which it is urate column. The charged by the charged by the separate charge systemed and include BLOCH RATE CRATE | sually b e cable sem furni was ma the rate ATEGC • Mote • Com • Pay c • Pay c • Fire p • Burgl • Here se • Reco • Disco | illed. If any rat system for each shed or offered de or establis for each. <u>INTY OF SERV</u> on: Non-resid , hotel mercial sable able-add'l cha protection ar protection rvices: nnect | es are ch ch of the d during hed. List ICE dential | nformation shou narged on a var applicable servi the accounting these other ser | iable per-p ces listed. period tha vices in th | rogram basis, t were not e form of a BLOCK 2 | RATE |

| counting Period: | 2020/2 | | | FORM SA1-2E. PAGE 3 |
|-----------------------------|---|---|--|---------------------------------------|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# |
| | CEQUEL COMMUNIC | ATIONS LLC | | 061701 |
| G Primary | carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 | ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 | (1) stations carried only on a part-tin e carriage of certain network program | ne basis under ms [sections |
| Transmitters: Television | Substitute Basis Stations basis under specific FCC ru | s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis | | |
| | basis. For further information Column 1: List each station multicast stream associated | also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | see page (v) of the general instruction rogram services such as HBO, ESPI | ons. N, etc. Identify each |
| | of license. For example, W Column 3: Indicate in each | the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (t | station, an independent station, or a | noncommercial |
| | (for independent multicast), For the meaning of these te Column 4: Give the locatio | "E" (for noncommercial educational), o "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th | r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is | onal multicast). s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WAVE-1 | 3 | Ν | LOUISVILLE, KY |
| | WDRB-1 | 41 | I | LOUISVILLE, KY |
| ld Rows as Necessary | WHAS-1 | 11 | N | LOUISVILLE, KY |
| | WKMJ-1 | 68 | Е | LOUISVILLE, KY |
| | WKPC-1 | 15 | Е | LOUISVILLE, KY |
| | WLKY-1 | 32 | N | LOUISVILLE, KY |
| | WMYO-1 | 58 | I | SALEM, IN |
| | KFVS(WQWQ)-2 | 12.2 | I | PADUCAH, KY |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| EGAL NAME OF | | | | | | | | SYSTEM 061 |
|--|---|---|---|--|--|---|---|----------------------------------|
| | 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 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 sed by the FC0 |) 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 | | | | | | | FOI | |
|--------------------------|---|--|--|--|--|---|---|------------------------|
| Name | LEGAL NAME OF OWNER OF | | | | | | | SYSTEM ID# |
| | CEQUEL COMMUNICA | ATIONS LL | .C | | | | | 061701 |
| I Substitute | SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm | ify every noni | network televisi riod, under spe | <i>ion program,</i> broadcast by cific present and former FC | a <i>distant</i> static C rules, regula | tions, or au | uthorizations. | For a further |
| Carriage: | 1. SPECIAL STATEMENT | | | | o general meae | | | |
| Special Statement and | During the accounting per | | | | is, any nonnet | work telev | ision progra | m |
| Program Log | broadcast by a distant stat | tion? | | | | | YES | ×NO |
| | Note: If your answer is "No" | ". leave the r | rest of this pad | e blank. If vour answer is | "Yes." vou mu | ist complet | te the progra | am |
| | log in block 2. | , | 1.5 | , <u>,</u> | , , | | 1 5 | |
| | 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. | titute program ace, please a of every non distant station gulations, or ies like "mov Bulls." m was broad sign of the si adcast station hadian station th and day w ve "5/7." es when the | m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske least 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 " isting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your | program") tha ed for the prog eral instruction m titles, for ex- No." am. e 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 tir | e accountin if another sta er informatio ove Lucy" of e FCC or, in with the mo | g ation on. r |
| | stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | and regulatio nming that yo | ons in effect du | ring the accounting period | ; enter the let | ter "P" if th | e listed prog | |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | and regulatio nming that yo | ons in effect du | ring the accounting period s permitted to delete unde | d; enter the letter er FCC rules a | ter "P" if th | e listed prog ions in TTUTE | 7. REASON FOF |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | and regulatio nming that yo | ons in effect du our system wa | ring the accounting period s permitted to delete unde | d; enter the letter er FCC rules a | ter "P" if the nd regulati | e listed prog ions in TTUTE | ıram |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | 7. REASON FO |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FOI |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | ram 7. REASON FOI |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | 7. REASON FOF |
| | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | BUBSTITUTI | ons in effect du our system wa E PROGRAM 3. STATION'S | ring the accounting period s permitted to delete unde | t; enter the lett er FCC rules a WHE CARRI 5. MONTH | ter "P" if the nd regulati | e listed prog ions in TTUTE CURRED TIMES | 7. REASON FOF |

| Accounting Period: | 2020/2 | FORM SA | 1-2E. PAGE 6 |
|---|---|------------------------------|---------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | rstem ID# 061701 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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. | ission service mount, see | 9,567.58 ss 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 \$2 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 | 263,800 | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period | | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | \$ | 0.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, | 600) | |
| | 1. Enter the amount of gross receipts from space K | 4 240 22 | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 0.00 | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| Filing Fee and Total Remittance Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo | | |

| Accounting Period: | 020/2 | | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | | SYSTEM ID# 061701 |
| M Channels | to its subscribers, and (2) the cable system's total n 1. Enter the total number of channels on which the | nnels on which the cable system carried television broadcast stations umber of activated channels during the accounting period. cable | 8 |
| | on which the cable system carried television broad and nonbroadcast services | dcast stations | 42 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER IN we can contact about this statement of account.) | IFORMATION IS NEEDED (Identify an individual to whom | |
| for Further Information | Name RODNEY HASKINS | Telephone | (903) 579-3152 |
| | Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip) | suite number) | |
| | Email RODNEY.HASKINS@ | ALTICEUSA.COM Fax (optional | |
| O Certification | I, the undersigned, hereby certify that (Check one, but (Owner other than corporation or partner (Agent of owner other than corporation o in line 1 of space B and that the owner X (Officer or partner) I am an officer (if a cor in line 1 of space B. I have examined the statement of account and hereby are true, complete, and correct to the best of my know [18 U.S.C., Section 1001(1986)] | ship) I am the owner of the cable system as identified in line 1 of space E r partnership) I am the duly authorized agent of the owner of the cable s r is not a corporation or partnership; or poration) or a partner (if a partnership) of the legal entity identified as own declare under penalty of law that all statements of fact contained herein ledge, information, and belief, and are made in good faith. | ystem as identified |
| | | EXALAN DANNENBAUM | |
| | 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 | 061701 |
| 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? NO | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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 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 | 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 | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please | 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 | Interest Assessment |

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.