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 COPYRIGE	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>
Cable Syste	ms (Short Form)		\$	For additional information, contact the U.S. Copyright
	ctions are located	03/02/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	-
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp		iary of another corporation, give the full corpo	orate title of
Owner	List any other name or names under which	n the owner conducts the business of the	e cable system.	
	If there were different owners during the statement of account and royalty fee payr		e last day of the accounting period should sub od.	omit a single
	Check here if this is the system's first filing	g. If not, enter the system's ID number as	signed by the Licensing Division.	063456
	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 r	umber)		
	TYLER, TX 75701	,		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busir names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	GUADALUPE CORRECTIO			
	2 (Number, street, rural route, apartment, or suite r	umber)		
	(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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063456
D Area	Instructions: List each separate community served by the cable system. A "comr separate and distinct community or municipal entity (including unincorporated or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob	nunity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First Community	SANTA ROSE	NM
Community	(GUADALUPE CORR)	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA	TEM ID
Name									06345
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.				iy 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	•		Ũ		-			
	that applies to your system. Note								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					t in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system I					service that are	different	from those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a	ind rates, in the i	right-ha	nd block. A tw	o- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBEF	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel			40.74					
	Commercial		8	40.71					
	Converter     Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES					
F	In General: Space F calls for rat	<b>`</b>	,			, ,			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
	a no and go and the u	nt in which it is u	Sually L		es are ch	narged on a vari	able per-p	rogram baolo,	
Secondary	enter only the letters "PP" in the	rate column.	-	oilled. If any ra		-		rogiani baolo,	
Secondary Fransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	rate column. e charged by the	e cable	villed. If any ra system for ea	ch of the	applicable servi	ces listed.	-	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. e charged by the your cable syste	e cable em furn	villed. If any ra system for ea ished or offere	ch of the d during	applicable servi the accounting	ces listed. period that	t were not	
Secondary Fransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	rate column. e charged by the your cable syste separate charge	e cable em furn was ma	villed. If any ra system for ea ished or offere ade or establis	ch of the d 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 s	rate column. te charged by the your cable syste separate charge tion and include	e cable em furn was ma the rate	villed. If any ra system for ea ished or offere ade or establis	ch of the d during	applicable servi the accounting	ces listed. period that	t were not e form of a	
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 s	rate column. e charged by the your cable syste separate charge tion and include BLOCK	e cable em furn was ma the rate	villed. If any ra system for ea ished or offere ade or establis	ch of the addring hed. List	applicable servi the accounting	ces listed. period that vices in th	t were not	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	rate column. e charged by the your cable syste separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGO	villed. If any ra system for ea ished or offere ade or establis e for each.	ch of the d during hed. List	applicable servi the accounting these other ser	ces listed. period that vices in th	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 s brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. e charged by the your cable syste separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGC	villed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SER\	ch of the d during hed. List	applicable servi the accounting these other ser	ces listed. period that vices in th	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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. e charged by the your cable syste separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGO nstallat • Mote	villed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi	ch of the d during hed. List	applicable servi the accounting these other ser	ces listed. period that vices in th	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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. e charged by the your cable syste separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGO nstallat • Mote	villed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi il, hotel mercial	ch of the d during hed. List	applicable servi the accounting these other ser	ces listed. period that vices in th	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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	rate column. e charged by the your cable syste separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGC • Stallat • Mote • Com • Pay	villed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi il, hotel mercial	ch of the d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in th	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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	rate column. e charged by the your cable syste separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 CATEGO • Stallat • Mote • Com • Pay o	villed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable	ch of the d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in th	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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. e charged by the your cable syste separate charge tion and include BLOC RATE	e cable em furn was ma the rate K 1 ATEGC nstallat • Mote • Com • Pay o • Fire	villed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l cha	ch of the d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in th	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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. e charged by the your cable system separate charge tion and include BLOCH RATE In - -	e cable em furn was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay o • Fire p • Burg	villed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi I, hotel mercial cable cable-add'l cha protection	ch of the d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in th	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 s 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. e charged by the your cable system separate charge tion and include BLOCH RATE In - -	e cable em furn was ma the rate K 1 CATEGO nstallat • Mote • Com • Pay o • Pay o • Fire p • Burg Other se	villed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l cha protection lar protection	ch of the d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in th	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 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)	rate column. e charged by the your cable system separate charge tion and include BLOCH RATE In - -	e cable em furn was ma the rate K 1 • ATEGO • Stallat • Mote • Com • Pay o • Pay o • Fire ( • Burg Other se • Reco	system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l chi protection lar protection ervices:	ch of the d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in th	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 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)	rate column. e charged by the your cable system separate charge tion and include BLOCH RATE In - -	e cable em furn was ma the rate K 1 CATEGO • stallat • Mote • Com • Pay o • Fire   • Burg Other sec • Disco	billed. If any ra system for ea ished or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'I chi protection lar protection ervices: onnect	ch of the d during hed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period that vices in th	t were not e form of a BLOCK 2	RATE

	2020/2			FORM SA	1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF			SY	STEM ID 06345			
	CEQUEL COMMUNICATIONS LLC							
G		TELEVISION entify every television station (including tr m during the accounting period, <i>except</i> (						
Primary ansmitters: elevision	76.59(d)(2) and (4), 76.61(6) substitute program basis, a	in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. s: With respect to any distant stations cal	l(e)(2) and (4))]; and (2) certain stat	tions carried on a				
	• Do not list the station here station was carried only on			6,				
	basis. For further information <b>Column 1:</b> 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 pr d with a station according to its over-the-	see page (v) of the general instructi ogram services such as HBO, ESP	ons. N, etc. Identify each				
	"WETA-2" as the same on <b>Column 2:</b> Give the channel	5	<b>c</b>					
	<b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast)	n case whether the station is a network s ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or network multicast), "I" (for indepe r "E-M" (for noncommercial education	endent), "I-M"				
	Column 4: Give the location	erms, see page (IV) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	the community to which the station	5				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATIO	N			
	KASA-1	2	I	ALBUQUERQUE, NM				
	KASY-1	50	I	ALBUQUERQUE, NM				
ws as Necessary	KAZQ-1	32	I	ALBUQUERQUE, NM				
	KCHF-1	11	I	ALBUQUERQUE, NM				
	KENW-1	3	E	PORTALES, NM				
	KLUZ-1	41	I	ALBUQUERQUE, NM				
	KLUZ-1 KNME-1	41 5	I E	ALBUQUERQUE, NM				
			I E N					
	KNME-1	5		ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1	5 7	N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1	5 7 4	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1	5 7 4 13	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				
	KNME-1 KOAT-1 KOB-1 KRQE-1 KTEL-1 KTFQ-1	5 7 4 13 15 14	N N	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM				

EGAL NAME OF								SYSTEM I 0634
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S	it is carried by monitoring, to prmation abou m. lentify 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. nal was electronically process	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
ignal, indicate <b>Column 4:</b> G	this by placing ive the station	g a check n's locatio	K 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	
-								

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063456
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ify every nor ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	tions, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			J		<u> </u>	
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work telev	vision program	ı
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist comple	te the program	n
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the tim- to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ice, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static hadian static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulation ming that y	im on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst e substitute pro program carri- listed program ons in effect du	rows to the tables. sion program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra- ne community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra ring the accounting period;	brogram") that d for the prog and instruction n titles, for ex- lo." m. station is lice station is iden brogram. Use cable system. 5 p.m. to 6:2 mming that y enter the let	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals List the tin 8:30 p.m. our systen ter "P" if th	he accounting of another stat er information ove Lucy" or e FCC or, in , with the mor mes accurate should be in was <i>require</i> e listed progr	tion n. nth ly
	s	UBSTITUT	E PROGRAM			N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 063456
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service nount, see	,049.00 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	63,800	
	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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		52.00
	1. Base amount under statutory formula		0.00
	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 \$527,6		
	1. Enter the amount of gross receipts from space K       \$         2. Base amount under statutory formula       \$         3. Subtract line 2 from line 1	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	
	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 of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE S CEQUEL COMMUNICATIONS LI		SYSTEM ID# 063456
M Channels	to its subscribers, and (2) the cable 1. Enter the total number of channe	number of channels on which the cable system carried television broadcast stations system's total number of activated channels during the accounting period. s on which the cable st stations	. <b>13</b>
	<ol> <li>Enter the total number of activate on which the cable system carrie and nonbroadcast services</li> </ol>		. 49
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this statemen	F FURTHER INFORMATION IS NEEDED (Identify an individual to whom of account.)	
for Further Information	Name RODNEY HAS	KINS Telephon	e (903) 579-3152
	City, town, state, zip)	ute, apartment, or suite number) 701	
O Certification	I, the undersigned, hereby certify that     (Owner other than corpor     (Agent of owner other than     in line 1 of space B     X     (Officer or partner) I am a     in line 1 of space B.     I have examined the statement of acc	count must be certified and signed in accordance with Copyright Office regulations) (Check one, <i>but only one</i> , of the boxes.) <b>tion or partnership)</b> I am the owner of the cable system as identified in line 1 of space <b>corporation or partnership)</b> I am the duly authorized agent of the owner of the cable and that the owner is not a corporation or partnership; or an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov pount and hereby declare under penalty of law that all statements of fact contained herein post of my knowledge, information, and belief, and are made in good faith.	B; or system as identified vner of the cable system
		X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
	Typed	r printed name: ALAN DANNENBAUM	
	Title:	SVP, PROGRAMMING (Title of official 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.

	SYSTEM 0634	OF OWNER OF CABLE SYSTEM:
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 of 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 dish owners?         No         Y ES. Enter the total here and list the satellite carrier(s) below.       \$         Name         Mating Address         No       YES. Enter the total here and list the satellite carrier(s) below.         Y and us complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         For an explanation of interest rasessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment .	0634	
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:       The 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 breadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.*       Special I Concern 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.       Special I Concern Receiving secondary transmissions made by satellite carriers to satellite dish owners?       Special I Concern Receiving secondary transmissions         Maring Address       Name       Maining Address       Special I Concern Receiving secondary transmissions         Nore       YES. Enter the total here and list the satellite carrier(s) below		COMMUNICATIONS LLC
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest A         Line 1       Enter the amount of late payment or underpayment	P ecial Statemer oncerning Gros ceipts Exclusio	atellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." ore information on when to exclude these amounts, see the note on page (vii) of the general instructions d in the paper SA1-2 form. If the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions by satellite carriers to satellite dish owners?
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. Line 1 Enter the amount of late payment or underpayment		Name
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. Line 1 Enter the amount of late payment or underpayment		
Line 1       Enter the amount of late payment or underpayment	Q	ust complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.
x	rest Assessme	Enter the amount of late payment or underpayment
Line 3 Multiply line 2 by the number of days late and enter the sum here		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		Multiply line 2 by the number of days late and enter the sum here
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.		in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6
** This is the desired equivalent of 4/200 which is the internet encount for any 1 is the		
This is the decimal equivalent of 1/300, which is the interest assessment for one day late.		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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.		
Owner		
Address		35
ID number		aber
First community served		

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