This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/02/21	ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	AN THIS STATEMENT, /VVV	V/(Poriod))	

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20202 Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	063625
			L.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these
С		is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	Ľ.	LASALLE COUNTY JAIL	
		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		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm	063625
D	separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobicity.	le home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	OTTOWA	L IL
Community	(LASALLE COUNTY JAIL)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name									06362
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 Number of Subscribers: Both						hla avatam	brokon	
Service: Sub- scribers and	down by categories of secondary	•					,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv							we and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ly standa		o within a		
	Block 1: In the left-hand block	•		0		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o							6	
	Block 2: If your cable system printed in block 1 (for example, t	-		-					
	with the number of subscribers a					-	,	-	
	sufficient.		-						
	BLC	DCK 1 NO. OF					BLOCH	< 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBER	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								
	Commercial		15	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 a					,	,		
• ·	furnished at cost or (2) services					miorination oon	conning (i		
Services		or facilities furnis	sileu lu i	nonsubscribe	s. Rate ir	nformation shou	ld include		
Other Than	amount of the charge and the ur	nit in which it is u							
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	iit in which it is u rate column.	sually bi	lled. If any ra	es are ch	narged on a vari	able per-p		
Other Than	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat	it in which it is u rate column. e charged by the	sually bi e cable s	lled. If any ra	es are ch	narged on a vari applicable servi	able per-p ces listed.	rogram basis,	
Other Than Secondary Fransmissions:	amount of the charge and the ur enter only the letters "PP" in the	it in which it is u rate column. te charged by the tyour cable syste	sually bi e cable s em furni	lled. If any ra system for eached or offere	es are ch ch of the d during	narged on a vari applicable servi the accounting	able per-p ces listed. period that	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	it in which it is u rate column. e charged by the your cable syste separate charge	sually bi e cable s em furni was ma	lled. If any ra system for eached or offere shed or offere de or establis	es are ch ch of the d during	narged on a vari applicable servi the accounting	able per-p ces listed. period that	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 brief (two- or three-word) descrip	it in which it is u rate column. e charged by the your cable syste separate charge	sually bi e cable s em furni was ma the rate	lled. If any ra system for eached or offere shed or offere de or establis	es are ch ch of the d during	narged on a vari applicable servi the accounting	able per-p ces listed. period that	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 brief (two- or three-word) descrip CATEGORY OF SERVICE	it in which it is u rate column. the charged by the syour cable syste separate charge tion and include BLOC RATE C	sually bi e cable s em furni was ma the rate < 1 ATEGO	lled. If any ra system for ea shed or offere de or establis for each. RY OF SERV	tes are ch ch of the d during hed. List	narged on a vari applicable servi the accounting	able per-p ces listed. period that 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 CATEGORY OF SERVICE Continuing Services :	it in which it is u rate column. the charged by the syour cable syste separate charge tion and include BLOC RATE C	sually bi e cable s em furni was ma the rate <u>< 1</u> ATEGO nstallati	lled. If any raises system for each shed or offere de or establis for each. RY OF SERV on: Non-resi	tes are ch ch of the d during hed. List	narged on a vari applicable servi the accounting these other ser	able per-p ces listed. period that 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	it in which it is u rate column. the charged by the syour cable syste separate charge tion and include BLOC RATE C	sually bi e cable s em furni was ma the rate X 1 ATEGO nstallati • Motel	lled. If any raises system for each shed or offered de or establis for each. RY OF SERV on: Non-resi , hotel	tes are ch ch of the d during hed. List	narged on a vari applicable servi the accounting these other ser	able per-p ces listed. period that 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	it in which it is u rate column. the charged by the syour cable syste separate charge tion and include BLOC RATE C	sually bi e cable s em furni was ma the rate <u>< 1</u> <u>ATEGO</u> nstallati • Motel • Comr	lled. If any raises system for each shed or offered de or establis for each. RY OF SERV on: Non-resi , hotel nercial	tes are ch ch of the d during hed. List	narged on a vari applicable servi the accounting these other ser	able per-p ces listed. period that 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	it in which it is u rate column. the charged by the syour cable syste separate charge tion and include BLOC RATE C	sually bi e cable s em furni was ma the rate < 1 ATEGO stallati • Motel • Comr • Pay c	lled. If any raises system for each shed or offered de or establis for each. RY OF SERV on: Non-resi , hotel nercial able	es are ch ch of the ed during hed. List ICE dential	narged on a vari applicable servi the accounting these other ser	able per-p ces listed. period that vices in th	rogram basis, t were not e form of a BLOCK 2	RATE
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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	it in which it is u rate column. the charged by the syour cable syste separate charge tion and include BLOC RATE C	sually bi e cable s em furni was ma the rate <u>< 1</u> .ATEGO istallati . Motel . Comr . Pay c . Pay c . Fire p	lled. If any raises system for each shed or offered de or establis for each. RY OF SERV on: Non-resid , hotel nercial able able-add'l char rotection	es are ch ch of the ed during hed. List ICE dential	narged on a vari applicable servi the accounting these other ser	able per-p ces listed. period that vices in th	rogram basis, t were not e form of a BLOCK 2	RATE
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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 • Fire protection • Burglar protection Installation: Residential • First set	it in which it is u rate column. The charged by the syour cable syste separate charge tion and include BLOCH RATE C IT	sually bi e cable s em furni was ma the rate ATEGO nstallati • Motel • Comr • Pay c • Pay c • Fire p • Burgl	lled. If any raises system for each shed or offered de or establis for each. RY OF SERV on: Non-resid , hotel nercial able able-add'I char rotection ar protection rvices:	es are ch ch of the ed during hed. List ICE dential	narged on a vari applicable servi the accounting these other ser	able per-p ces listed. period that 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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	it in which it is u rate column. The charged by the syour cable syste separate charge tion and include BLOCH RATE C IT	sually bi e cable s em furni was ma the rate ATEGO nstallati • Motel • Comr • Pay c • Pay c • Fire p • Burgl:	lled. If any raises system for each shed or offered de or establis for each. RY OF SERV on: Non-resident nercial able able-add'l char rotection ar protection rvices: nnect	es are ch ch of the ed during hed. List ICE dential	narged on a vari applicable servi the accounting these other ser	able per-p ces listed. period that 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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	it in which it is u rate column. The charged by the syour cable syste separate charge tion and include BLOCH RATE C IT	sually bi e cable s em furni was ma the rate ATEGO stallati • Comr • Pay c • Pay c • Fire p • Burgl • Burgl • Comr • Pay c • Pay c • Fire p • Burgl • Comr • Pay c	lled. If any raises system for each shed or offered de or establis for each. RY OF SERV on: Non-resident nercial able able-add'l char rotection ar protection rvices: nnect	es are ch ch of the ed during hed. List ICE dential	narged on a vari applicable servi the accounting these other ser	able per-p ces listed. period that vices in th	rogram basis, t were not e form of a BLOCK 2	RATE

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYST
ıe	CEQUEL COMMUNIC	CATIONS LLC		C
	PRIMARY TRANSMITTERS:			
	In General: In space G. id	entify every television station (including tra	anslator stations and low power te	elevision stations)
ì	carried by your cable syste	em during the accounting period, except (1) stations carried only on a part-ti	ime basis under
arv		in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61)		
ary itters:		as explained in the next paragraph.		
sion		s: With respect to any distant stations car	ried by your cable system on a sul	bstitute program
	• Do not list the station her	ules, regulations, or authorizations: re in space G—but do list it in space I (the	Special Statement and Program	Log)—if the
	station was carried only or			
		also in space I, if the station was carried I on concerning substitute basis stations, s		
	Column 1: List each static	on's call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ESF	PN, etc. Identify each
	multicast stream associate "WETA-2" as the same on	ed with a station according to its over-the-a	air designation. For example, repo	ort multistream
	Column 2: Give the chann	nel number the FCC assigned to the televi	sion station for broadcasting over	the air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network st	ation an independent station or a	anoncommercial
		ering the letter "N" (for network), "N-M" (for	· · · ·	
	(for independent multicast), "E" (for noncommercial educational), or	"E-M" (for noncommercial educati	
		erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th		is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	community with which the station	is identified.
	1. CALL SIGN			4. LOCATION OF STATION
	I. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
		2	N	
	WBBM-1	2	N	CHICAGO, IL
	WBBM-1 WFLD-1	2 32	N	
Necessary			N I N	CHICAGO, IL
Necessary	WFLD-1	32	I	CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL
Necessary	WFLD-1 WLS-1	32 7	I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL

EGAL NAME OF								SYSTEM I 0636
	every radio s	tation ca	nried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si	it is carried by nonitoring, to rmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM. 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 i Column 4: G	this by placing ive the statior	g a checl n's locati	k mark in the "S/D" column. on (the community to which th 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	

Nama							FUR	M SA1-2E. PAGE 5
t	EGAL NAME OF OWNER OF C							SYSTEM ID# 063625
I 1	SUBSTITUTE CARRIAGE n General: In space I, identii	fy every non	network televis	ion program, broadcast by a				
	substitute basis during the ac explanation of the programmi							
Carriage: 1 Special	I. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Statement and	During the accounting peri	od, did you	r cable system	carry, on a substitute basi	s, any nonne	work telev	ision progran	
Program Log	proadcast by a distant stat	ion?					YES	× NO
N	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is '	'Yes," you mι	ist complet	te the progra	m
10	og in block 2.							
	2. LOG OF SUBSTITUTE		-	ta lina. I laa ah braviatiana y	wherever	aibla iftha	ir mooning is	
c p u L	n General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg to not use general categori NBA Basketball: 76ers vs.	ce, please a of every nor distant stati gulations, o es like "mov	add additional r nnetwork televi on and that yo r authorizations	rows to the tables. ision program ("substitute p ur cable system substitute s. See page (v) of the gene	program") that d for the prog eral instruction	t, during th ramming c ns for furth	ne accounting of another sta er information	l
ti	Column 2: If the program Column 3: Give the call s Column 4: Give the broa he case of Mexican or Can Column 5: Give the mon irst. Example: for May 7 giv	n was broad sign of the s dcast statio adian statio th and day e "5/7."	station broadca on's location (th ns, if any, the o when your syst	tem carried the substitute p	m. station is lice station is iden program. Use	tified). numerals,	, with the mor	
s to w	o the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a er "R" if the nd regulatic	program carri listed program ons in effect du	was substituted for progra ring the accounting period	15 p.m. to 6:2 mming that y ; enter the let	8:30 p.m. s our system ter "P" if th	should be n was <i>require</i> e listed progr	d
	S	UBSTITUT	E PROGRAM			N SUBST	URRED	7. REASON FO
_	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	
-								
							_	
							_	
							_	
								1
							-	
							_	
							<u> </u>	
-								

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 063625
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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	5,750.07 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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	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		0.00
	3. Subtract line 2 from line 1		
	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 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# 063625
M Channels	CHANNELS Instructions: You must give (1) the number of channels of to its subscribers, and (2) the cable system's total number 1. Enter the total number of channels on which the cable system carried television broadcast stations		4
	on which the cable system carried television broadcast	stations	20
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORM we can contact about this statement of account.)	NATION 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 suite nu TYLER, TX 75701 (City, town, state, zip)	umber)	
	Email RODNEY.HASKINS@ALTI	CEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only of</i> (Owner other than corporation or partnership) I (Agent of owner other than corporation or partnership) I (Agent of owner other than corporation or partner in line 1 of space B and that the owner is not X (Officer or partner) I am an officer (if a corporation in line 1 of space B. I have examined the statement of account and hereby declarate true, complete, and correct to the best of my knowledge, [18 U.S.C., Section 1001(1986)] X (Section 1001(1986)) 	am the owner of the cable system as identified in line 1 of space E tership) I am the duly authorized agent of the owner of the cable so t a corporation or partnership; or n) or a partner (if a partnership) of the legal entity identified as own e under penalty of law that all statements of fact contained herein	ystem as identified
	Title: SVP, PR	ALAN DANNENBAUM OGRAMMING sition held in corporation or partnership)	
	Date:	2/25/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06362
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	
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 - 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 - 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 www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/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

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