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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) uctions 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	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 the subsidiary, not that of the parent corpo	-	ary of another corporation, give the full corpo	rate title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should sub od.	mit a single
	Check here if this is the system's first filing.	. If not, enter the system's ID number as	signed by the Licensing Division.	063668
1				

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) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names 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 IDENTIFICATION OF CABLE SYSTEM: 1 NORTH FORK CORRECTIONAL FACILITYECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	06366
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	ne parks should be reported in parentheses below the identified
-	CITY OR TOWN	STATE OK
First Community	Sayre (NORTH FORK CORRECTIONAL FACILITY)	
-		
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT								06366
E	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						L.I		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					,	,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv	ice at the rate in	ndicate	d-not the number	er of set	s receiving serv	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				standar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				s of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					-	,	-	
	with the number of subscribers a sufficient.	and rates, in the	rignt-n	and diock. A two-	- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCONIBE	110		0/11		(IIIOE	CODOCINDENC	Totte
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								1
	Motel, hotel								
	Commercial		100	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
F	In General: Space F calls for rat	(,			, ,			
•	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 ur		usually	billed. If any rate	s are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the				of the s		ana lintad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Ruico	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (CATEG	ORY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside	ential				
	• Pay cable			el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l chan	inel				
	Installation: Residential			protection					
	First set	-		glar protection					
	Additional set(s) EM radio (if separate rate)	- 0		ervices:					
	• FM radio (if separate rate) • Converter			connect		-			
	Converter								
	Gonvener		• Out	let relocation ve to new address	e.	-			

	-			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM I
	CEQUEL COMMUNIC	CATIONS LLC		0636
G Primary nsmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station: basis under specific FCC r • Do not list the station here station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, V Column 3: Indicate in eac educational station, by entu (for independent multicast) For the meaning of these t	TELEVISION entify every television station (including to m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. lel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc-	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- tic entry of the paper SA1-2 form.	evision stations) me basis under ams [sections tions carried on a ostitute program .og)—if the o on some other ons. 'N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
		on of each station. For U.S. stations, list f adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	-	
	KAUT-1	43	1	OKLAHOMA CITY, OK
	KETA-1	13	E	OKLAHOMA CITY, OK
ows as Necessary	KFOR-1	4	N	OKLAHMA CITY, OK
	КОСВ-1	34	I	OKLAHOMA CITY, OK
	KOCO-1	5	N	
	КОСО-1 КОКН-1	5 25	N	OKLAHOMA CITY, OK
	КОКН-1		N 	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOKH-1 KSBI-1	25 52	N 	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOKH-1 KSBI-1 KTUZ-1	25 52 30	N 	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK
	KOKH-1 KSBI-1	25 52	N I I I I N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK

CEQUEL CO								SYSTEM I 0636
	every radio s	tation ca	rried on a separate and discre 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 Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei tt the Co sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process < mark in the "S/D" column.	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			Jor, in t	ne case of	
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# 063668		
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG						
l Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE						
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision prograr			
Program Log	broadcast by a distant sta	tion?					YES	× NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	2. LOG OF SUBSTITUTE		-	4- line		-:::-				
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ace, please a of every no distant stati gulations, o ries like "mo Bulls."	add additional i nnetwork televi ion and that yo r authorization vies" or "baske	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program	program") tha d for the prog eral instruction n titles, for ex	at, during th ramming c ns for furth	ne accounting of another sta er informatio) tion n.		
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give	sign of the s adcast station hadian station hth and day we "5/7." es when the	station broadca on's location (th ons, if any, the when your sys a substitute pro	tem carried the substitute gram was carried by your	m. station is lice station is ider program. Use cable system.	ntified). e numerals, . List the tir	, with the mor mes accurate			
	stated as "6:00–6:30 p.m."	er "R" if the and regulation nming that y	listed program	was substituted for progra ring the accounting period	amming that y ; enter the let	our system ter "P" if th	n was <i>require</i> e listed progr			
	SUBSTITUTE PROGRAM							7. REASON FOI DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO			
							_			
							_			
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 063668
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	1,486.00 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	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
	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) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K \$ 2. Base amount under statutory formula \$ 3. Subtract line 2 from line 1 4 4. Multiply line 3 by .01 5 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance 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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063668
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to I number of channels on which	otal num h the cab	ls on which the cable system carried tel ber of activated channels during the acc le	counting period.	10
	on which the	I number of activated channels cable system carried television dcast services	n broadc	ast stations		22
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account account this statement of account account the statement of account the statement of account account the statement of account the statement of account account the statement of account the statement		DRMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Address	RODNEY HASKINS 3027 S SE LOOP 323			Telephone	<u>(903) 579-3152</u>
		(Number, street, rural route, apartment TYLER, TX 75701 (City, town, state, zip)	nent, or sui	te number)		
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
O Certification		This statement of account mus d, hereby certify that (Check one		tified and signed in accordance with Cop <i>ly one</i> , of the boxes.)	oyright Office regulations)	
				p) I am the owner of the cable system as		
	X (Office	in line 1 of space B and that the	e owner is	artnership) I am the duly authorized agen not a corporation or partnership; or ation) or a partner (if a partnership) of the		
		te, and correct to the best of my	-	clare under penalty of law that all statemen ge, information, and belief, and are made		
			X Enter an	/s/ Alan Dannenbaum	rtify this statement.	
			Enter sig	nature using an "/s/ signature" (e.g., /s/ Joh	ın Smith)	
		Typed or printed i Title:		ALAN DANNENBAUM		
				position held in corporation or partnership)	2/25/2021	

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counting Period: 2020/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	06366
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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	Interest Assessmen
	Linterest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Linterest Assessmen
Line 1 Enter the amount of late payment or underpayment	Linterest Assessmen
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Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmer

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