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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
03/02/21	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20202 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: 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.	007511
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these
С	names	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.	pace B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	'	PECOS, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	-	(maniber, sireer, ruran 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	007511						
	Instructions: List each separate community served by the cable system. A "comm	nunity" is the same as a "community unit" as defined in FCC rules: "a						
D	separate and distinct community or municipal entity (including unincorporated co							
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	ile home parks should be reported in parentheses below the identified						
Served	city.							
	CITY OR TOWN	STATE						
First	PECOS	TX						
Community	REEVES COUNTY (PORTION)	TX						
Add Rows as Necessary								

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 007511

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

OCK 1		BLOCK 2				
NO. OF			NO. OF			
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
719	34.99					
37	45.95					
	NO. OF SUBSCRIBERS 719 37	NO. OF SUBSCRIBERS RATE 719 34.99 37 45.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 719 34.99 37 45.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 719 34.99 37 45.95		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	•	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	17.00	Motel, hotel				
Pay cable—add'l channel	19.00	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	99.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	40.00			
Converter		Disconnect				
		Outlet relocation	25.00			
		Move to new address	99.00			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

CEQUEL COMMUNICATIONS LLC

007511

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMID-1	2	N	MIDLAND, TX
KMID-HD1	2	N-M	MIDLAND, TX
KMLM-1	42	l	ODESSA, TX
KOSA-1	7	N	ODESSA, TX
KOSA-2	7.2	I-M	ODESSA, TX
KOSA-HD1	7	N-M	ODESSA, TX
KOSA-HD2	7.2	I-M	ODESSA, TX
KPBT-1	36	Е	ODESSA, TX
KPBT-HD1	36	E-M	ODESSA, TX
KPEJ-1	24	<u> </u>	ODESSA, TX
KPEJ-HD1	24	I-M	ODESSA, TX
KTLE-5	7.5	I-M	ODESSA, TX
KTLE-HD5	7.5	I-M	ODESSA, TX
KUPB-1	18	l	MIDLAND, TX
KUPB-HD1	18	I-M	MIDLAND, TX
KWES-1	9	N	ODESSA, TX
KWES-HD1	9	N-M	ODESSA, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

007511

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
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Accounting Period: 2020/2 FORM SA1-2E. PAGE 5.									
_	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:						SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	_C						007511
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	1. SPECIAL STATEMENT								
Statement and	During the accounting peri	-	r cable system	carry, on a substitute bas	sis, any no	onne	twork telev I	ision progra	
Program Log	broadcast by a distant stat	ion?						YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," yo	u mı	ust comple	te the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.								
						WHE	EN SUBST	TITUTE	
	S	UBSTITUT	E PROGRAM	 	CARRIAGE OCCURRED 7. F			7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MO		6. FROM	TIMES TO	BELLTION
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ORM SA1-2E. PAGE	FORM SA				20/2	counting Period: 2
SYSTEM ID 00751	Sì				LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	Name
ervice	ission service mount, see	secondary transmi to compute this ar	system's sion of how	y subscribers for the or a further explanation SA1-2 form. smission service(s)	GROSS RECEIPTS Instructions: The figure you give in this space determing all amounts (gross receipts) paid to your cable system (as identified in space E) during the accounting period. page (vii) of the general instructions located in the paper Gross receipts from subscribers for secondary traduring the accounting period. IMPORTANT: You must complete a statement in space	K Gross Receipts
	263,800	han \$527,600) but less th	more than \$137,100 more than \$263,800	OPYRIGHT ROYALTY FEE structions: 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 Use block 2 if the amount of gross receipts in space K Use block 3 if the amount of gross receipts in space K e page (vi) of the general instructions located in the paper	L Copyright Royalty Fee
		RLESS	37,100 OR	RECEIPTS OF \$13	BLOCK 1: GROS	
onth	nis six-month	you must pay for th	ty fee that y	,100 or less, the royalt	Instructions: As a cable system with gross receipts of \$13 accounting period is \$52.00	
					Line 1. Royalty fee for accounting period	
0.00				e Q, page 8	Line 2. Interest charge. Enter the amount from line 4, spa	
		2	ines 1 and	TING PERIOD. Add li	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	
	00)	nore than \$137,10	SS (but m	OF \$263,800 OR LE	BLOCK 2: GROSS RECEIPTS	
		263,800.00	\$		Base amount under statutory formula	
		206,944.58	. \$		2. Enter amount of gross receipts from space K	
		56,855.42	\$		3. Subtract line 2 from line 1	
.58_	06,944.58	\$ 2			4. Enter the amount of gross receipts from space $K \ldots$	
.42	56,855.42	\$			5. Enter the amount from line 3	
.16_	50,089.16	\$ 1			6. Subtract line 5 from line 4	
750.45	\$				7. Multiply line 6 by .005 (enter figure here)	
0.00				page 8	8. Interest charge. Enter the amount from line 4, space C	
750.45	\$		7 and 8	PERIOD. Add lines 7	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTIN	
	600)	t less than \$527,6	3,800 (but	F MORE THAN \$26	BLOCK 3: GROSS RECEIPTS (
					Enter the amount of gross receipts from space K	
		263,800.00			Base amount under statutory formula	
		200,000.00			Subtract line 2 from line 1	
	1 319 00				4. Multiply line 3 by .01	
	<u> </u>				5. Royalty due on the first \$263,800 of gross receipts (un	
.00_				-	6. Interest charge. Enter the amount from line 4, space C 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTIN	
			IE	I DEMITTANCE DI	FILING FEE AND TOT	
			-	L. NEWITTANOL DO	FILING FLE AND TOT	
.45	750.45	\$		1, 2, or 3, above)	Royalty Fee Payable for Accounting Period (from Block	Filing Fee and otal Remittance
.00	20.00	<u></u> \$		filing fee calculations)	2. Filing Fee (See the instructions for more information or	Suc
770.45	\$			Add lines 2 and 3	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.	
				TION ID#	EFT Trace # or TRANSA	
.00	20.00 \$	sble to the Register	ment payab	Add lines 2 and 3 TION ID #	Filing Fee (See the instructions for more information or TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.	

Accounting Period: 2	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:				SYSTEM ID# 007511
M Channels	CHANNELS Instructions: Yo to its subscribers 1. Enter the total system carried	17				
	on which the	number of activated channel cable system carried television cast services	n broadca			230
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		DRMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartn TYLER, TX 75701 (City, town, state, zip)		le number)		
	Email	RODNEY.HASK	KINS@AI	LTICEUSA.COM	Fax (optional	
	CERTIFICATION (This statement of account mu	ust be cer	tified and signed in accordance with Cop	pyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check on	ne, <i>but onl</i>	ly one, of the boxes.)		
	(Owner	other than corporation or pa	artnershi	p) I am the owner of the cable system as i	dentified in line 1 of space	B; or
				artnership) I am the duly authorized agent not a corporation or partnership; or	t of the owner of the cable s	system as identified
		er or partner) I am an officer (if in line 1 of space B.	if a corpor	ation) or a partner (if a partnership) of the	legal entity identified as ow	ner of the cable system
		e, and correct to the best of my		clare under penalty of law that all statemer ge, information, and belief, and are made i		
			_X	/s/ Alan Dannenbaum		-
		- 0		electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	I name:	ALAN DANNENBAUM		
		Title:		PROGRAMMING position held in corporation or partnership)		
		Date:			2/25/2021	

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unting Period: 2020/2	FORM SA1-2E. PAGE 8.
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	007511
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.	Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served Accounting period	

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