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 COPYRIGH               | Return completed workbook by email to |   |
|--|----------------------------|---------------------------------------|---|
| for Secondary Transmissions by<br>Cable Systems (Short Form)<br>General instructions are located<br>in the first tab of this workbook. | DATE RECEIVED<br>9/15/2022 | AMOUNT<br>\$<br>ALLOCATION NUMBER     | coplicsoa@copyright.gov<br>For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at<br>(202) 707-8150. |
|  | DV THE STATEMENT. (VV)     |                                       |   |

| Α               | ACC        | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |        |
|-----------------|------------|---|--------|
|                 |            | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  |        |
| Accounting      |            | 20221 Barcode Data Filing Period (optional - see instructions)  |        |
| Period          | _          |   |        |
| В               |            | Instructions:<br>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<br>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.   | 061699 |
|                 |            |   |        |
|                 |            | 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<br>(City, town, state, zjp)   |        |
| С               |            | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle<br>as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa |        |
| System          | 4          | IDENTIFICATION OF CABLE SYSTEM:   |        |
|                 | 1          | QUEHANA STATE CORRECTIONAL INSTITUTION  |        |
|                 |            | MAILING ADDRESS OF CABLE SYSTEM:  |        |
|                 | 2          | (Number, street, rural route, apartment, or suite number)   |        |
|                 |            | (City, town, state, zip code)   |        |
|                 |            |   |        |
| Privacy Act Not | ce: Sectio | on 111 of Title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) requested on this  |        |

es Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this 1 of 1 itle 17 of the United S 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 filing, a determination that would be made by a court of law.

|                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|
| Name                 | CEQUEL COMMUNICATIONS LLC  | 06169  |  |  |  |  |  |
| D                    | Instructions: List each separate community served by the cable system. A "<br>"a separate and distinct community or municipal entity (including unincorp<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the | 'community" is the same as a "community unit" as defined in FCC rules<br>orated communities within unincorporated areas and including single,<br>at you list will serve as a form of system identification hereafter known |  |  |  |  |  |
| <b>A</b>             | as the "first community." Please use it as the first community on all future filings.<br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses bel              |  |  |  |  |  |  |
| Area<br>Served       | identified city.   |  |  |  |  |  |  |
|                      | CITY OR TOWN STATE   |  |  |  |  |  |  |
| First                | KARTHAUS   | PA   |  |  |  |  |  |
| Community            | (QUEHANA SCI)  |  |  |  |  |  |  |
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| dd Rows as Necessary |  |  |  |  |  |  |  |
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|                             | LEGAL NAME OF OWNER OF C  |                    |           |                                     |            |                   |                         |                       | -2E. PAGE |  |
|-----------------------------|---|--------------------|-----------|-------------------------------------|------------|-------------------|-------------------------|-----------------------|-----------|--|
| Name                        |   |                    |           |                                     |            |                   | 06169                   |                       |           |  |
|                             |   |                    |           |                                     |            |                   |                         |                       |           |  |
| Е                           | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES   |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | <b>In General:</b> 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 |                    |           |                                     |            |                   |                         |                       |           |  |
| Secondary                   | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the  |                    |           |                                     |            |                   |                         |                       |           |  |
| Transmission                | last day of the accounting period   |                    |           |                                     |            |                   |                         | C C                   |           |  |
| Service: Sub-               | Number of Subscribers: Bot  | •                  |           |                                     |            |                   | -                       |                       |           |  |
| scribers and<br>Rates       | and 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            |                    |           |                                     |            |                   |                         |                       |           |  |
| Rales                       | separately for the particular service   |                    | 0         | 0,0                                 |            |                   |                         | chargeu               |           |  |
|                             | Rate: Give the standard rate of   |                    |           |                                     |            |                   |                         | e and the             |           |  |
|                             | unit in which it is generally billed  | · ·                |           |                                     | y standa   | rd rate variation | s within a <sub>l</sub> | particular rate       |           |  |
|                             | category, but do not include disc   |                    |           |                                     |            |                   |                         | a that askis          |           |  |
|                             | Block 1: In the left-hand block systems most commonly provide   | •                  |           | Ũ                                   |            | •                 |                         |                       |           |  |
|                             | that applies to your system. Not  |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | categories, that person or entity   |                    |           | -                                   |            | -                 |                         |                       |           |  |
|                             | subscriber who pays extra for ca  |                    |           |                                     |            | I in the count ur | der "Servi              | ce to the             |           |  |
|                             | first set" and would be counted of  |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | <b>Block 2:</b> If your cable system printed in block 1 (for example, the system)   | -                  |           | •                                   |            |                   |                         |                       |           |  |
|                             | with the number of subscribers a  |                    |           |                                     |            |                   | ,                       |                       |           |  |
|                             | sufficient.   | ,                  |           |                                     |            |                   |                         |                       |           |  |
|                             | BLO   | DCK 1              |           |                                     | BLOCK 2    |                   |                         |                       |           |  |
|                             | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIB |           | RATE                                | CATE       | GORY OF SEF       | RVICE                   | NO. OF<br>SUBSCRIBERS | RAT       |  |
|                             | Residential:  |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | Service to first set  |                    | 0         | -                                   |            |                   |                         |                       |           |  |
|                             | <ul> <li>Service to additional set(s)</li> </ul>  |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | • FM radio (if separate rate)   |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | Motel, hotel  |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | Commercial  |                    | 37        | 42.41                               |            |                   |                         |                       |           |  |
|                             | Converter   |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | Residential   |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | Non-residential   |                    |           |                                     |            |                   |                         |                       |           |  |
|                             |   |                    |           |                                     |            |                   |                         |                       | I         |  |
|                             | SERVICES OTHER THAN SEC<br>In General: Space F calls for ra   |                    |           |                                     | hert to a  | ll vour cable sve | tom's son               | ices that were        |           |  |
| F                           | not covered in space E, that is, t  |                    |           |                                     |            |                   |                         |                       |           |  |
|                             | service for a single fee. There a   |                    |           |                                     |            |                   |                         |                       |           |  |
| Services                    | furnished at cost or (2) services   |                    |           |                                     |            |                   |                         |                       |           |  |
| Other Than                  | amount of the charge and the un<br>enter only the letters "PP" in the   |                    | usually   | billed. If any rate                 | es are ch  | larged on a vari  | able per-pi             | ogram basis,          |           |  |
| Secondary<br>Fransmissions: | Block 1: Give the standard ra   |                    | the cable | e svstem for eacl                   | h of the a | applicable servi  | ces listed.             |                       |           |  |
| Rates                       | Block 2: List any services 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) descrip  | otion and inclue   | de the ra | ate for each.                       |            | <u>.</u>          |                         |                       |           |  |
|                             |   | BLO                | CK 1      |                                     |            |                   |                         | BLOCK 2               |           |  |
|                             | CATEGORY OF SERVICE   | RATE               | CATEG     | GORY OF SERVI                       | CE         | RATE              | CATEGO                  | DRY OF SERVICE        | RATE      |  |
|                             | Continuing Services:  |                    |           | ation: Non-resid                    | ential     |                   |                         |                       |           |  |
|                             | • Pay cable   | -                  |           | tel, hotel                          |            |                   |                         |                       |           |  |
|                             | Pay cable—add'l channel   | -                  | _         | mmercial                            |            |                   |                         |                       |           |  |
|                             | Fire protection   |                    |           | / cable                             |            |                   |                         |                       |           |  |
|                             | <ul> <li>Burglar protection</li> </ul>  |                    | · ·       | / cable-add'l chai                  | nnel       |                   |                         |                       |           |  |
|                             | Installation: Residential   |                    | • Fire    | e protection                        |            |                   |                         |                       |           |  |
|                             | • First set   | -                  |           | glar protection                     |            |                   |                         |                       |           |  |
|                             | <ul> <li>Additional set(s)</li> </ul>   | -                  | Other s   | services:                           |            |                   |                         |                       |           |  |
|                             | • FM radio (if separate rate)   |                    |           | connect                             |            | -                 |                         |                       |           |  |
|                             | Converter   |                    | • Dis     | connect                             |            |                   |                         |                       |           |  |
|                             |   |                    |           |                                     |            |                   |                         |                       |           |  |
|                             |   |                    | • Out     | let relocation                      |            | -                 |                         |                       |           |  |
|                             |   |                    |           | tlet relocation<br>ve to new addres | s          | -                 |                         |                       |           |  |

| ccounting Period:                           | 2022/1   |   |   | FORM SA1-2E. PAGE  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|
| Name  | LEGAL NAME OF OWNER OF   | CABLE SYSTEM:   |   | SYSTEM IE  |  |  |  |  |
| Humo  | CEQUEL COMMUNIC  | ATIONS LLC  |   | 06169  |  |  |  |  |
|   | PRIMARY TRANSMITTERS:  | TELEVISION  |   |  |  |  |  |  |
| G<br>Primary<br>Transmitters:<br>Television | carried by your cable system<br>FCC rules and regulations in<br>76.59(d)(2) and (4), 76.61(e<br>substitute program basis, an<br><b>Substitute Basis Stations</b><br>basis under specific FCC ru<br>• Do <i>not</i> list the station here<br>station was carried <i>only</i> on<br>• List the station here, and a | also in space I, if the station was carrie  | t (1) stations carried only on a part-t<br>the carriage of certain network progra<br>61(e)(2) and (4))]; and (2) certain state<br>carried by your cable system on a sub<br>the Special Statement and Program I<br>and both on a substitute basis and also | ime basis under<br>ams [sections<br>tions carried on a<br>ostitute program<br>Log)—if the<br>o on some other |  |  |  |  |
|   | Column 1: List each station  | n concerning substitute basis stations<br>n's call sign. <i>Do not</i> report origination   | program services such as HBO, ESF   | PN, etc. Identify each   |  |  |  |  |
|   | "WETA-2" as the same on t  | I with a station according to its over-th<br>he form.<br>el number the FCC assigned to the tel  | <b>c i</b> i i i  |  |  |  |  |  |
|   | <b>Column 3:</b> Indicate in each<br>educational station, by enter<br>(for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location   | of license. For example, WRC is channel 4 in Washington, D.C.<br><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial<br>educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"<br>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).<br>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.<br><b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. |   |  |  |  |  |  |
|   | 1. CALL SIGN   | SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF ST  |   |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |
|   | WATM-1   | 23  | N   | ALTOONA, PA  |  |  |  |  |
|   | WJAC-1   | 6   | N   | JOHNSTOWN, PA  |  |  |  |  |
| d Rows as Necessary                         | WPCW-1   | 19  |   | PITTSBURGH, PA   |  |  |  |  |
|   | WPSU-1   | 3   | E   |  |  |  |  |  |
|   | WTAJ-1   | 10  | N   | ALTOONA, PA  |  |  |  |  |
|   | WWCP-1   | 8   | <b>I</b>  | JOHNSTOWN, PA  |  |  |  |  |
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| LEGAL NAME O  |   |  |  |   |  |                                 |   | SYSTEM I<br>0616                 |
|---|---|--|--|---|--|---------------------------------|---|----------------------------------|
|   |   |  |  |   |  |                                 |   |                                  |
|   | t every radio   | station c  | <b>)</b><br>arried on a separate and disc<br>enerally receivable by your ca  |   |  |                                 |   | н                                |
| eceivable if (1)<br>on the basis of<br>For detailed info<br>paper SA1-2 fo<br><b>Column 1:</b> It<br><b>Column 2:</b> S | it is carried b<br>monitoring, to<br>ormation abou<br>rm.<br>dentify the cal<br>State whether | y the sy<br>be rece<br>ut the Co<br>I sign of<br>the stati | II-Band FM Carriage: Under<br>stem whenever it is received a<br>eived at the headend, with the<br>opyright Office regulations on<br>each station carried.<br>on is AM or FM. | at the system's h<br>system's FM an<br>this point, see pa | neadend, and<br>Itenna, during<br>age (v) of the | (2) it ca<br>certain<br>general | n be expected,<br>stated intervals.<br>instructions in the. | Primary<br>Transmitters<br>Radio |
| signal, indicate<br>Column 4: 0   | this by placin<br>Give the statio   | g a cheo<br>n's locai                                      | gnal was electronically proces<br>of mark in the "S/D" column.<br>tion (the community to which th<br>, the community with which th   | he station is lice  | nsed by the F                                    |                                 |   |                                  |
| 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 Perio         |  |                       |                           |  |                     |               |               |                           |  |
|--------------------------|--|-----------------------|---------------------------|--|---------------------|---------------|---------------|---------------------------|--|
| News                     | LEGAL NAME OF OWNER OF   | CABLE SYS             | TEM:                      |  |                     |               |               | SYSTEM ID#                |  |
| Name                     | CEQUEL COMMUNICA   | TIONS L               | LC                        |  |                     |               |               | 061699                    |  |
|                          | SUBSTITUTE CARRIAGE  |                       |                           |  | G                   |               |               |                           |  |
| 1                        | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a  |                       |                           |  |                     |               |               |                           |  |
| -                        | n General: In space I, identity 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 |                       |                           |  |                     |               |               |                           |  |
| Substitute               | explanation of the programm  | ing that mu           | st be included i          | n this log, see page (v) of t                          | he general in       | structions in | the paper S   | A1-2 form.                |  |
| Carriage:                | 1. SPECIAL STATEMEN  |                       | NING SUBS                 | TITUTE CARRIAGE  |                     |               |               |                           |  |
| Special<br>Statement and | <ul> <li>During the accounting per</li> </ul>  | iod, did you          | ur cable syster           | n carry, on a substitute ba                            | sis, any noni       | network tele  | vision prog   | ram                       |  |
| Program Log              | broadcast by a distant sta   | tion?                 |                           |  |                     |               | YES           | × NO                      |  |
|                          | -  |                       | root of this po           | ao blank. If your anower it                            | - "Vee " veu v      |               | -             |                           |  |
|                          | Note: If your answer is "No  | , leave the           | rest of this pa           | ge blank. If your answer is                            | s res, your         | must comple   | ete the prog  | ram                       |  |
|                          | log in block 2.<br>2. LOG OF SUBSTITUTE  |                       | Me                        |  |                     |               |               |                           |  |
|                          | In General: List each subst  |                       |                           | ate line. Use abbreviations                            | s wherever p        | ossible if th | eir meaning   | ı is                      |  |
|                          | clear. If you need more spa  |                       |                           |  | e mierer p          |               |               | ,                         |  |
|                          |  |                       |                           | vision program ("substitute                            |                     |               |               |                           |  |
|                          | period, was broadcast by a<br>under certain FCC rules, re  |                       |                           |  |                     |               |               |                           |  |
|                          | Do not use general categor   |                       |                           |  |                     |               |               |                           |  |
|                          | "NBA Basketball: 76ers vs.   |                       |                           | 1 1 5  | ,                   | 1,            | ,             |                           |  |
|                          |  |                       |                           | er "Yes." Otherwise enter                              |                     |               |               |                           |  |
|                          |  |                       |                           | asting the substitute prog<br>he community to which th |                     | concod by t   | ne ECC or     | in                        |  |
|                          | the case of Mexican or Car   |                       |                           |  |                     |               |               |                           |  |
|                          | Column 5: Give the mor   | nth and day           |                           | stem carried the substitute                            |                     |               | s, with the n | nonth                     |  |
|                          | first. Example: for May 7 giv  |                       |                           |  |                     |               |               |                           |  |
|                          | to the nearest five minutes.   |                       |                           | ogram was carried by you<br>ried by a system from 6:01 |                     |               |               | ately                     |  |
|                          | stated as "6:00–6:30 p.m."   |                       | a program can             |  | . 10 p.m. to c      |               | Should be     |                           |  |
|                          |  |                       |                           | n was substituted for prog                             |                     |               |               |                           |  |
|                          | to delete under FCC rules a  |                       |                           |  |                     |               |               | ogram                     |  |
|                          | was substituted for program<br>effect on October 19, 1976.   |                       | your system w             | as permitted to delete und                             |                     | s and regula  |               |                           |  |
|                          |  |                       |                           |  |                     |               |               | 1                         |  |
|                          |  |                       |                           |  |                     | N SUBSTI      |               |                           |  |
|                          | SI   |                       | E PROGRAM                 |  |                     | AGE OCCI      |               | 7. REASON FOR<br>DELETION |  |
|                          | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                  | 5. MONTH<br>AND DAY |               | MES<br>– TO   |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     | -             | -             |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     | -             | _             |                           |  |
|                          |  |                       |                           |  |                     | -             | _             |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     | -             | -             |                           |  |
|                          |  |                       |                           |  |                     | _             | _             |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     | -             | -             |                           |  |
|                          |  |                       |                           |  |                     |               | _             |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     |               |               |                           |  |
|                          |  |                       |                           |  |                     | -             | -             |                           |  |
|                          |  | F                     | r                         | I  |                     | F             |               | +                         |  |

| Accounting Period:                 | 2022/1  | FORM S                       | A1-2E. PAGE 6. |
|------------------------------------|---|------------------------------|----------------|
| Name                               |   | S                            | YSTEM ID#      |
|                                    | CEQUEL COMMUNICATIONS LLC   |                              | 061699         |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmediate (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. | nission servic<br>amount, se | e<br>9,486.60  |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe<br>Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less.<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>See page (vi) of the general instructions located in the paper SA1-2 form for more information.   | \$263,800                    |                |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  |                              |                |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th<br>accounting period is \$52.00.   | nis six-month                |                |
|                                    | 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 \$137,10  | 00)                          |                |
|                                    | 1. Base amount under statutory formula \$ 263,800.00  |                              |                |
|                                    | 2. Enter amount of gross receipts from space K  |                              |                |
|                                    | 3. Subtract line 2 from line 1  |                              |                |
|                                    | 4. Enter the amount of gross receipts from space K  |                              |                |
|                                    | 5. Enter the amount from line 3   |                              |                |
|                                    | 6. Subtract line 5 from line 4  |                              |                |
|                                    | 7. Multiply line 6 by .005 (enter figure here)  |                              |                |
|                                    | 8. Interest charge. Enter the amount from line 4, space Q, page 8   |                              | 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,  | 600)                         |                |
|                                    | 1. Enter the amount of processing from append K   |                              |                |
|                                    | 1. Enter the amount of gross receipts from space K  |                              |                |
|                                    | 2. Dase anothin under statutory formula     200,000.00  |                              |                |
|                                    |   |                              |                |
|                                    | 4. Multiply line 3 by .01   | 4 340 00                     |                |
|                                    | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)   |                              |                |
|                                    | 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   |                              | <u> </u>       |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE   |                              |                |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)   | 52.00                        |                |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations)  | 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<br>See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo  |                              |                |

| Accounting Period:                 | 2022/1   | FORM SA1-2E. PAGE 7.                                      |
|------------------------------------|--|---|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CEQUEL COMMUNICATIONS LLC  | SYSTEM ID#<br>061699                                      |
| M<br>Channels                      | CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services  | 6<br>44   |
| N<br>Individual to<br>Be Contacted | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)  |   |
| for Further<br>Information         | Name RODNEY HASKINS Telephone  | (903) 579-3152  |
|                                    | Address 3027 S SE LOOP 323<br>(Number, street, rural route, apartment, or suite number)<br>TYLER, TX 75701<br>(City, town, state, zip)   |   |
|                                    | Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  |   |
| O<br>Certification                 | <ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> <li>X /s/ Alan Dannenbaum</li> </ul> | B; or<br>system as identified<br>wner of the cable system |
|                                    | Enter an electronic signature on the line above to certify this statement.<br>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING<br>(Title of official position held in corporation or partnership)  |   |
|                                    | Date: 8/23/2022  |   |

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 filing, a determination that would be made by a court of law.

| NAME OF OWNER OF CABLE SYSTEM:<br>UEL COMMUNICATIONS LLC<br>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-  |  |
|--|--|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS   | SYSTEM   |
|  | 0616   |
| <ul> <li>wing sentence:</li> <li>"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."</li> </ul> | P<br>Special Statemen<br>Concerning Gross<br>Receipts Exclusio |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions<br>ocated in the paper SA1-2 form.   |  |
| During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions nade 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  |  |
|  |  |
|  |  |
|  |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  | Q  |
|  | Interest Assessme  |
| ine 1 Enter the amount of late payment or underpayment   |  |
| x  |  |
| ine 2 Multiply line 1 by the interest rate* and enter the sum here   |  |
| x days   |  |
|  |  |
| x 0.00274  | —  |
| ine 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 \$  | ,  |
| (interest charge)  |  |
| * 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 ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.   |  |
| ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |  |
| ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |  |
| ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |  |
| ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |  |
| ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |  |

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