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:
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	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
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	

		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20202 Barcode Data Filing Period (optional - see instructions)
Fenou		
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.
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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	CALDWELL, TX
		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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 027673
D Area	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	mmunity" is the same as a "community unit" as defined in FCC rules: "a d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Served	city.	
		STATE
First Community	CALDWELL	TX
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name									02767
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
_	system, that is, the retransmission			-		•			
Secondary	about other services (including p	oay cable) in sp	ace F, i	not here. All the	facts you	ı state must be			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	hla avatam	brokon	
scribers and	down by categories of secondary	•					,	,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv							na and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ly standa		5 Within a		
	Block 1: In the left-hand block			0					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o							41	
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a					•	,	-	
	sufficient.		-						
	BLO	OCK 1 NO. OF					BLOC	(2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		124	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		14	45.95					
	Converter								
	Residential Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	SIONS: RATES					
F	In General: Space F calls for rat		'		•	, ,			
I.	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 ur		usually	billed. If any ra	tes are ch	arged on a vari	able per-p	rogram basis,	
Secondary		rata column							
	enter only the letters "PP" in the		ne cable	a system for ea	ch of the	annlicahla sarvi	hatell ear		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	te charged by th						were not	
ransmissions:	Block 1: Give the standard rat	te charged by th t your cable sys	stem fur	nished or offer	ed during	the accounting	period that		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by th t your cable sys separate charg	stem fur e was n	nished or offer nade or establis	ed during	the accounting	period that		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by th t your cable sys separate charg	tem fur e was n e the ra	nished or offer nade or establis	ed during	the accounting	period that		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by the tyour cable system is separate charge option and included BLOC	etem fur e was n e the ra CK 1 CATEG	nished or offer nade or establis ate for each.	ed during shed. List /ICE	the accounting	period that vices in the	e form of a	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by the tyour cable system of the	etem fur e was n e the ra CK 1 CATEG	nished or offer nade or establis te for each. GORY OF SER\ ation: Non-resi	ed during shed. List /ICE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by ti t your cable sys separate charg otion and includ BLOC RATE 17.00	e was n e the ra CK 1 CATEG Installa • Mot	nished or offer nade or establis ite for each. GORY OF SER\ ation: Non-resi tel, hotel	ed during shed. List /ICE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by the tyour cable system of the	e was n e the ra CK 1 CATEG Installa • Mot • Cor	nished or offer nade or establis ate for each. GORY OF SER\ ation: Non-resi tel, hotel nmercial	ed during shed. List /ICE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by ti t your cable sys separate charg otion and includ BLOC RATE 17.00	e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay	nished or offer nade or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial / cable	ed during shed. List /ICE dential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
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ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by ti t your cable sys separate charg otion and includ BLOC RATE 17.00	stem fur e was n e the ra CK 1 CATEC Installa • Mol • Cor • Pay • Pay • Fire	rnished or offer nade or establis ate for each. GORY OF SER\ ation: Non-resi tel, hotel mmercial / cable / cable-add'l ch protection	ed during shed. List /ICE dential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
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ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by ti t your cable sys separate charg otion and includ BLOC RATE 17.00 19.00 99.00	stem fur e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	nished or offer nade or establis ate for each. GORY OF SER\ ation: Non-resi tel, hotel mmercial (cable (cable-add'l ch e protection glar protection	ed during shed. List /ICE dential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
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ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by ti t your cable sys separate charg otion and includ BLOC RATE 17.00 19.00 99.00	tem fur e was n e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	nished or offer nade or establis ate for each. BORY OF SER ation: Non-resi tel, hotel mmercial (cable (cable-add'l ch e protection glar protection services: connect	ed during shed. List /ICE dential	the accounting these other ser RATE	period that vices in the	e form of a BLOCK 2	RATE

ing Period: 2	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		02767
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary	carried by your cable system FCC rules and regulations	entify every television station (including tr 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	 stations carried only on a part-til e carriage of certain network progra 	me basis under ams [sections
smitters: evision	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations car ules, regulations, or authorizations:		
	• Do <i>not</i> list the station here station was carried <i>only</i> on	e in space G—but do list it in space I (the a substitute basis.		
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instructi	ions.
	"WETA-2" as the same on	d with a station according to its over-the- the form. el number the FCC assigned to the telev		
	of license. For example, W Column 3: Indicate in each educational station, by enter	VRC is channel 4 in Washington, D.C. n case whether the station is a network si ering the letter "N" (for network), "N-M" (fo	tation, an independent station, or a or network multicast), "I" (for indepe	noncommercial endent), "I-M"
	For the meaning of these te Column 4: Give the location	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruction on of each station. For U.S. stations, list t idian stations, if any, give the name of the	ctions in the paper SA1-2 form. the community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAGS-1	23	N	BRYAN, TX
	KAGS-1 KAMU-1	23 15	N E	BRYAN, TX COLLEGE STATION, TX
Necessary				
Necessary	KAMU-1	15	E	COLLEGE STATION, TX
lecessary	KAMU-1 KBTX-1	15 3	E N	COLLEGE STATION, TX BRYAN, TX
Necessary	KAMU-1 KBTX-1 KBTX-2	15 3 3.2	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX
ecessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1	15 3 3.2 40	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX
Necessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1 KTBC-1	15 3 3.2 40 7	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX AUSTIN, TX
s Necessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1 KTBC-1 KWKT-1	15 3 3.2 40 7 44	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX AUSTIN, TX WACO, TX
s Necessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1 KTBC-1 KWKT-1	15 3 3.2 40 7 44	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX AUSTIN, TX WACO, TX
s Necessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1 KTBC-1 KWKT-1	15 3 3.2 40 7 44	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX AUSTIN, TX WACO, TX
s Necessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1 KTBC-1 KWKT-1	15 3 3.2 40 7 44	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX AUSTIN, TX WACO, TX
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5 as Necessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1 KTBC-1 KWKT-1	15 3 3.2 40 7 44	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX AUSTIN, TX WACO, TX
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is as Necessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1 KTBC-1 KWKT-1	15 3 3.2 40 7 44	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX AUSTIN, TX WACO, TX
<i>i</i> s as Necessary	KAMU-1 KBTX-1 KBTX-2 KRHD-1 KTBC-1 KWKT-1	15 3 3.2 40 7 44	E N I-M	COLLEGE STATION, TX BRYAN, TX BRYAN, TX BRYAN, TX AUSTIN, TX WACO, TX

EGAL NAME OF								SYSTEM I 0276
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM.	t the system's hea system's FM ante this point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing ive the station	g a check n's locatio	nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	ne station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL OIGH		0,0		ONLE OION		0,0		

Accounting Perio								RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 027673
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG	i			
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	ccounting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			5			
Special Statement and	During the accounting per	iod, did your	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision progra	m
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	", leave the i	rest of this pag	je blank. If your answer is	"Yes," you mu	ust complet	te the progra	am
	log in block 2.			-	-			
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program 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	titute program ace, please a of every nor distant station gulations, or ies like "mov Bulls." m was broad sign of the s adcast station adian station th and day we "5/7." es when the	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra r "Yes." Otherwise enter "I sting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your	program") tha d for the prog eral instruction n titles, for ex No." am. station is lice station is liden program. Use cable system.	it, during th ramming c ns for furth ample, "I L nsed by th itified). numerals, List the tir	he accountin of another sta er informatic ove Lucy" of e FCC or, in with the mo mes accurate	g ation on. r
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the l and regulation nming that ye	listed program	a	l; enter the let	ter "P" if th	e listed prog	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatic nming that ye	listed program	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if th	e listed prog ions in TTUTE	7. REASON FOF
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatic nming that ye	listed program ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if th and regulat EN SUBST	e listed prog ions in TTUTE	ram
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo GUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	e listed prog ions in ITUTE CURRED TIMES	7. REASON FOI
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo GUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	e listed prog ions in ITUTE CURRED TIMES	7. REASON FOI
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo GUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	e listed prog ions in ITUTE CURRED TIMES	7. REASON FOI
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo GUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	e listed prog ions in ITUTE CURRED TIMES	7. REASON FO
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo GUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	e listed prog ions in ITUTE CURRED TIMES	7. REASON FO
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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# 027673
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 an 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	925.99 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		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		52.00 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)		52.00
	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		0.00
	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	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		

Accounting Period:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 027673
M Channels	 to its subscribers, and (2) the cable system's 1. Enter the total number of channels on which system carried television broadcast station 2. Enter the total number of activated channels 	s	8
	on which the cable system carried television and nonbroadcast services	n broadcast stations	59
N Individual to Be Contacted	we can contact about this statement of accou		
for Further Information	Name RODNEY HASKINS	Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		
	Email RODNEY.HAS	KINS@ALTICEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check of (Owner other than corporation or provide the second of the second	ust be certified and signed in accordance with Copyright Office regulations) he, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space E tion or partnership) I am the duly authorized agent of the owner of the cables s e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as own hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith. X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ystem as identified
	Typed or printed Title: (Ti	name: ALAN DANNENBAUM SVP, PROGRAMMING le of official position held in corporation or partnership)	
	Date:	2/25/2021	

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

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	027673
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Name	
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.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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