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	FNT	OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste	ems (S	Short Form)	0/00/04	\$	For additional information,
General instru	uctions	are located	8/30/21	T	contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
					J
Α	ACCO		BY THIS STATEMENT: (YY	YY/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20211	Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of th title of the subsidiary, not that of the pare		diary of another corporation, give the full co	orporate
Owner		List any other name or names under which	h the owner conducts the business of th	e cable system.	
		If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should ing period.	submit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	015293
		1			
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		SUDDENLINK COMMUNICATIONS	CADI E SYSTEM		
		3027 S SE LOOP 323	CABLE STOTEM		
		(Number, street, rural route, apartment, or suite nu	imber)		
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any busin s already appear in space B. In line		, i	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		PURCELL, OK MAILING ADDRESS OF CABLE SYSTEM:			
		ABERG ADDILEGG OF GABLE GISTEM.			

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.

Number, street, rural route, apartment, or suite number)

2

City, town, state, zip code)

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CEQUEL COMMUNICATIONS LLC	015
D	Instructions: List each separate community served by the cable system. A "community" i "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	nunities within unincorporated areas and including sing
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	
Area Served	identified city.	ie parks should be reported in parentices of our the
		STATE
First	PURCELL	OK
Community	BLANCHARD	OK
	CLEVELAND COUNTY	OK
Add Rows as Necessary		ОК
	MAYSVILLE	OK
	MCCLAIN COUNTY(PORTION)	OK
	NOBLE	OK
	WAYNE	OK

	Т						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						
	CEQUEL COMMUNICAT	TIONS LLC						01529
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBERS AN	O RATES				
E	In General: The information in s	-	-		•			
Cocondom	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					lnose exist	ing on the	
Service: Sub-	Number of Subscribers: Both					ble system	, broken	
scribers and	down by categories of secondary					•		
Rates	each category by counting the n			`		,	charged	
	separately for the particular serv Rate: Give the standard rate c				•	,	ro and the	
	unit in which it is generally billed	-				-		
	category, but do not include disc	· · ·	,			5 within a		
	Block 1: In the left-hand block				condary transmis	sion servi	ce that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca				0,	•		
	first set" and would be counted of							
	Block 2: If your cable system					different f	rom those	
	printed in block 1 (for example, t				•			
	with the number of subscribers a	and rates, in th	e right-hand block.	A two- or thre	ee-word descript	ion of the s	service is	
	sufficient.	DCK 1				BLOCK	۲ <u>۵</u>	
		NO. OF	:			DLOON	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:							
	 Service to first set 		570 34.9	9				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		54 45.9	5				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA		TES				
-	In General: Space F calls for rat				all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t				,	,		
Comilana	service for a single fee. There ar	•		U U		0.0		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		actually billou. If a	ly latee ale el			rogram baolo,	
Transmissions:	Block 1: Give the standard rat	e charged by	-		• •			
Rates	Block 2: List any services that							
	listed in block 1 and for which a brief (two- or three-word) description				t these other ser	vices in the	e form of a	
	bhei (two- or three-word) descrip			1.		T		
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	47.00	Installation: Non	residential				
	• Pay cable	17.00	Motel, hotel					
	Pay cable—add'l channel Fire methods	19.00	Commercial					
	Fire protection		• Pay cable	1				
	•Burglar protection		Pay cable-add Fire protection					
	Installation: Residential		Fire protection					
		00.00	 Burglar protec 	uon				
	• First set	99.00 25.00	Other conditions					
	• First set • Additional set(s)	99.00 25.00	Other services:		40.00			
	 First set Additional set(s) FM radio (if separate rate) 		Reconnect		40.00			
	• First set • Additional set(s)		Reconnect Disconnect					
	 First set Additional set(s) FM radio (if separate rate) 		Reconnect		40.00 25.00 99.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		0152
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sume be Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, repre- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-1	43	I	OKLAHOMA CITY, OK
	KAUT-2	43.2	I-M	OKLAHOMA CITY, OK
Rows as Necessary	KAUT-HD1	43	I-M	OKLAHOMA CITY, OK
	KETA-1	13	E	OKLAHOMA CITY, OK
	KETA-2	13.2	E-M	OKLAHOMA CITY, OK
	KETA-HD1	13	E-M	OKLAHOMA CITY, OK
	KFOR-1	4	N	OKLAHOMA CITY, OK
	KFOR-2	4.2	I-M	OKLAHOMA CITY, OK
	KFOR-HD1	4	N-M	OKLAHOMA CITY, OK
	КОСВ-1	34	I	OKLAHOMA CITY, OK
	KOCB-2	34.2	I-M	OKLAHOMA CITY, OK
	КОСВ-3	34.3	I-M	OKLAHOMA CITY, OK
	KOCB-HD1	34	I-M	OKLAHOMA CITY, OK
	ROCB-HD1	.		URLANDINA CITT, UR
	KOCM-1	46	<u> </u>	NORMAN, OK
			I	
	KOCM-1	46	<u>l</u>	NORMAN, OK
	КОСМ-1 КОСО-1	46 5	I N	NORMAN, OK OKLAHOMA CITY, OK
	КОСМ-1 КОСО-1 КОСО-2	46 5 5.2	I N I-M	NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCM-1 KOCO-1 KOCO-2 KOCO-HD1	46 5 5.2 5	I N I-M	NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1	46 5 5.2 5 25	I N I-M N-M I	NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-2	46 5 5.2 5 25 25.2	I N I-M N-M I I-M	NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-2 KOKH-HD1	46 5 5.2 5 25 25.2 25.2 25.2	I N I-M N-M I I-M	NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-2 KOKH-HD1 KOPX-1	46 5 5.2 5 25 25.2 25 25.2 25 62	I N I-M N-M I I I-M I-M I	NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK

	LEGAL NAME OF OWNER O	NE CARLE SYSTEM		SYSTEM
Name				015
	PRIMARY TRANSMITTERS:			
G		dentify every television station (including tra em during the accounting period, <i>except</i> (
	FCC rules and regulations	s in effect on June 24, 1981, permitting the	carriage of certain network prog	grams [sections
Primary ransmitters:		(e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph.	e)(2) and (4))]; and (2) certain st	tations carried on a
Television		s: With respect to any distant stations carr	ied by your cable system on a s	ubstitute program
		rules, regulations, or authorizations:	On a siel Otatement and Dragron	- 1> :6 46 -
	 Do not list the station here station was carried only or 	ere in space G—but do list it in space I (the n a substitute basis.	Special Statement and Program	n Log)—Ir the
	 List the station here, and 	l also in space I, if the station was carried l		
		ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro		
		ed with a station according to its over-the-a		
	"WETA-2" as the same on			
		nel number the FCC assigned to the televis NRC is channel 4 in Washington, D.C.	sion station for broadcasting ove	er the air in its community
		ch case whether the station is a network sta	ation, an independent station, or	a noncommercial
		tering the letter "N" (for network), "N-M" (fo		
		i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct		ational multicast).
		on of each station. For U.S. stations, list th		n is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	community with which the static	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
		2. B CAST CHANNEL NOWIDER	J. THE OF OTATION	4. LOCATION OF STATION
	КТВО-1	14	I	4. LOCATION OF STATION OKLAHOMA CITY, OK
	KTBO-1 KTBO-HD1		I I-M	
		14	l	OKLAHOMA CITY, OK
	KTBO-HD1	14	l	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KTBO-HD1 KTUZ-1	14 14 30	i i-M i	OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK
	KTBO-HD1 KTUZ-1 KTUZ-HD1	14 14 30 30	I I-M I I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK SHAWNEE, OK

EGAL NAME O								SYSTEM 0152
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ant this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					
			·					

Accounting Perio									FORM	
Name	LEGAL NAME OF OWNER OF									SYSTEM ID
		ATIONS LLC								015293
_	SUBSTITUTE CARRIAGI	E: SPECIAL STA	ATEMEN	IT AND PROGRAM	M LOG					
	In General: In space I, ident									
0	substitute basis during the a explanation of the programm									
Substitute Carriage:	1. SPECIAL STATEMEN					generalins			paper 3/	A 1-2 10111.
Special	During the accounting per					s. anv nonr	etwork te	levisi	on proar	am
Statement and Program Log	broadcast by a distant sta	•	5	,		, ,			YES	× NO
• •	Note: If your answer is "No		f this nag	e blank If your ans	worie "\	Ves " vou r	nust com		-	
	log in block 2.		r triis page			res, your	nusi com	Jele	the prog	Idili
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes.	egulations, or authories like "movies" of Bulls." m was broadcast li sign of the station adcast station's loo nadian stations, if a nth and day when ve "5/7."	orizations or "basket broadcas cation (the any, the c your syste titute prog	s. See page (v) of th tball." List specific p "Yes." Otherwise e sting the substitute e community to whi community with whic em carried the subs gram was carried by	he gener program enter "No program ich the s ich the s stitute pr y your ca	ral instructi titles, for e o." n. station is lid orogram. Us able system	ons for fu example, " censed by entified). se numera n. List the	the f the f als, w	informative Lucy" FCC or, in with the m	tion. or in nonth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the listed and regulations in	program v effect dur	was substituted for ring the accounting	progran period;	mming that enter the l	your syst etter "P" if	the I	isted pro	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the listed and regulations in mming that your sy	program v effect dur	was substituted for ring the accounting	progran period;	mming that enter the l FCC rules	your syst etter "P" if and regu	the l lation	listed pro	
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in nming that your sy UBSTITUTE PRC	program v effect dur vstem was	was substituted for ring the accounting s permitted to delete	program period; e under	mming that enter the I FCC rules WHE CARRI, 5. MONTH	your syst etter "P" if and regu N SUBST AGE OCC	TITUT	Iisted pro ns in FE RED S	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in nming that your sy UBSTITUTE PRC	program v effect dur vstem was	was substituted for ring the accounting s permitted to delete	program period; e under	mming that enter the I FCC rules WHE CARRI, 5. MONTH	your syst etter "P" if and regu N SUBST AGE OCC	TITUT	Iisted pro ns in FE RED S	ogram 7. REASON FO
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in nming that your sy UBSTITUTE PRC	program v effect dur vstem was	was substituted for ring the accounting s permitted to delete	program period; e under	mming that enter the I FCC rules WHE CARRI, 5. MONTH	your syst etter "P" if and regu N SUBST AGE OCC	TITUT	Iisted pro ns in FE RED S	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in nming that your sy UBSTITUTE PRC	program v effect dur vstem was	was substituted for ring the accounting s permitted to delete	program period; e under	mming that enter the I FCC rules WHE CARRI, 5. MONTH	your syst etter "P" if and regu N SUBST AGE OCC	TITUT	Iisted pro ns in FE RED S	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in nming that your sy UBSTITUTE PRC	program v effect dur vstem was	was substituted for ring the accounting s permitted to delete	program period; e under	mming that enter the I FCC rules WHE CARRI, 5. MONTH	your syst etter "P" if and regu N SUBST AGE OCC	TITUT	Iisted pro ns in FE RED S	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in nming that your sy UBSTITUTE PRC	program v effect dur vstem was	was substituted for ring the accounting s permitted to delete	program period; e under	mming that enter the I FCC rules WHE CARRI, 5. MONTH	your syst etter "P" if and regu N SUBST AGE OCC	TITUT	Iisted pro ns in FE RED S	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in nming that your sy UBSTITUTE PRC	program v effect dur vstem was	was substituted for ring the accounting s permitted to delete	program period; e under	mming that enter the I FCC rules WHE CARRI, 5. MONTH	your syst etter "P" if and regu N SUBST AGE OCC	TITUT	Iisted pro ns in FE RED S	ogram 7. REASON FO
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Accounting Period:	2021/1 FORM SA1-2	2E. PAGE 6.
Name		TEM ID#
	CEQUEL COMMUNICATIONS LLC	015293
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) 400 mm models of the system's secondary transmission service(s) IMPORTANT: You must complete a statement in space P concerning gross receipts. 178,2	38.28 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 this six-month 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	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 178,238.28	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 178,238.28	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	63.38
	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	63.38
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 463.38	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 4	83.38
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 015293
M 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 and nonbroadcast services	31 393
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 3027 S SE LOOP 323	(903) 579-3152
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)] 	system as identified /ner of the cable system
	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)	
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 7/22/2021	

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

unting Period: 20	021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMU	JNICATIONS LLC	01529
The Satellite Ho lowing sentence "In deterr service o	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS one Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
	ation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	
made by satellite	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST A	SSESSMENT	
	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanati	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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