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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT		
-	ems (Short Form)	8/30/21	\$	For additional information, contact the U.S. Copyright	
-	of this workbook		ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
			ALLOCATION NUMBER		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		1			
	20211	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period					
	Instructions:				
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full	corporate	
Owner	List any other name or names under whi	the owner conducts the business of	the cable system		
owner	List any other name or names under whi	in the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period shoul nting period.	d submit a	
				025311	
	Check here if this is the system's first filir	ig. If not, enter the system's ID numbe	r assigned by the Licensing Division.		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ		
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)		
	SUDDENLINK COMMUNICATIONS	·			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	3027 S SE LOOP 323				
	(Number, street, rural route, apartment, or suite r	lumber)			
	(City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busi				
	names already appear in space B. In line	2, give the mailing address of t	he system, if different from the addre	ess given in space B	
System	1 IDENTIFICATION OF CABLE SYSTEM: NEOSHO, MO				
	MAILING ADDRESS OF CABLE SYSTEM	l:			
	2 (Number, street, rural route, apartment, or suite r	lumber)			
	(City, town, state, zip code)				
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	02531
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	NEOSHO	MO
Community	NEWTON COUNTY(PORTION)	MO
dd Rows as Necessary		

	T						FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM								
	CEQUEL COMMUNICAT	TIONS LLC						02531		
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBER	S AND RATES						
E	In General: The information in s			-	•					
Cocondom	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Transmission	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 secondar					•				
Rates	each category by counting the n		,	0) (,	charged			
	separately for the particular serv Rate: Give the standard rate of				•	,	to and the			
	unit in which it is generally billed	-					•			
	category, but do not include disc	• •	,			5 within a j				
	Block 1: In the left-hand block	in space E, th	e form lists t	he categories of se	econdary 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			•		•				
	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 sufficient.	and rates, in th	e right-hand	block. A two- or th	ree-word descript	ion of the s	Service is			
		DCK 1				BLOCK	2			
		NO. OF SUBSCRIB		RATE CA	TEGORY OF SEF		NO. OF SUBSCRIBERS	RATE		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS P		TEGORT OF SET	(VICE	SUBSCRIBERS	RAIL		
	Service to first set		922	34.99						
	Service to additional set(s)		<i>JLL</i>	54.55						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		48	45.95						
	Converter		+0	45.55						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	IS: RATES						
F	In General: Space F calls for rate	te (not subscril	per) informat	ion with respect to	all your cable sys	stem's serv	rices that were			
Г	not covered in space E, that is, t				,					
Services	service for a single fee. There an furnished at cost or (2) services	•	-	Ũ						
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		acaany smo		onalgou on a ran	ante per p	og.a 20010,			
Fransmissions:	Block 1: Give the standard rat		•							
Rates	Block 2: List any services that									
	listed in block 1 and for which a brief (two- or three-word) description				st these other ser	vices in the	e iorm of a			
							51.0.01/.0			
	CATEGORY OF SERVICE	BLO RATE		OF SERVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE		
	Continuing Services:	INALE		: Non-residential		CAILOC	INT OF SERVICE			
	• Pay cable	17.00	• Motel, h							
	Pay cable—add'l channel	19.00	Comme							
	Fire protection		• Pay cab							
	•Burglar protection			le-add'l channel						
	Installation: Residential		• Fire prot							
	• First set	99.00	•	protection						
	Additional set(s)	25.00	Other servi							
	• FM radio (if separate rate)		Reconner		40.00					
	, , ,		Disconn							
	Converter									
	• Converter				25.00					
	• Converter		• Outlet re		25.00 99.00					

	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		02531
G Primary Insmitters: Ievision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC rr. • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel 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	TELEVISION entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	FCC. For Mexican or Cana 1. CALL SIGN	dian stations, if any, give the name of th	ne community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	KFJX-1	14		PITTSBURG, KS
	KFJX-2	14.2	I-M	PITTSBURG, KS
	KFJX-HD1	14.2	I-M	
ws as Necessary			I-M	PITTSBURG, KS
	KFJX-HD2	14.2		PITTSBURG, KS
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO

EGAL NAME O								SYSTEM I 0253
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t 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 ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/5			ANA	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					
						T		

•.	LECAL MARKE OF OWNER OF						FOF	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID: 025311
	SUBSTITUTE CARRIAG				G			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every non accounting pe	network televi eriod, under sp	<i>sion program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or	authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN				ine general ine		ine paper	
Special	During the accounting pe	-			sis, any nonr	network tel	evision prog	gram
Statement and Program Log	broadcast by a distant sta	ation?	·	·			YES	× NO
	Note: If your answer is "No	o" leave the	rest of this pa	ige blank. If your answer is	s "Yes " vou r	nust comp	-	
	log in block 2.			go blank. It your anower k	, jour	naot oomp		gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	e of every nor a distant stati egulations, or ries like "mov . Bulls." m was broad sign of the s adcast statio nadian statio nth and day ive "5/7." nes when the . Example: a ter "R" if the and regulatic mming that y	nnetwork tele ion and that y r authorization vies" or "bask dcast live, entrestation broadcon's location (fons, if any, the when your sy e substitute pro a program carro listed program cons in effect d	vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter " casting the substitute progra- the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog- luring the accounting period	ted for the pro neral instruct am titles, for e 'No." e station is lid e program. Us r cable systen 1:15 p.m. to 6 ramming that bd; enter the l	ogramming ions for fu example, "I censed by entified). se numera m. List the :28:30 p.m t your syste etter "P" if	g of another ther inform Love Lucy the FCC or Is, with the times accu h. should be em was <i>req</i> the listed p	station ation. " or , in month rately wired
	effect on October 19, 1976.					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F		
								7 REASON FO
		1	E PROGRAN 3. STATION'S	1		AGE OCC		7. REASON FO DELETION
	1. TITLE OF PROGRAM	1		4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		

Accounting Period:	2021/1 FORM SA1-2E. PAGE (
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC 02531
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 form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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
	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
	2. Enter amount of gross receipts from space K \$ 260,070.23
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 260,070.23
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here) \$ 1,281.70
	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 \$ 1,281.70
	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 \$ 263,800.00
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,281.70
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,301.70
	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# 025311
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 .	11 259
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		(903) 579-3152
	Address 3027 S SE LOOP 323 (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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) or a partner (if a partnership) of the legal entity identified as ow (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow (Difficult of the best of my knowledge, information, and belief, and are made in good faith. (I b U.S.C., Section 1001(1986)) (Difficult of partner) (Difficult of the best of my knowledge, information, and belief, and are made in good faith. (I b U.S.C., Section 1001(1986)) (Difficult of printed name: (Difficult of the best of my knowledge, information, and belief, and are made in good faith. (Difficult of the printed name: (Difficult of the best of my knowledge, information, and belief, and are made in good faith. (Difficult of the best of my knowledge,	system as identified /ner of the cable system
	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.

ounting Period: 20	021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	ER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMU	JNICATIONS LLC	0253 ⁻
The Satellite Hor lowing sentence "In deterr service or scribers a	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
located in the pa	aper SA1-2 form.	
-	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
YES. Enter 1	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	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
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