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)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	uctions are located	8/30/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
-	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
in the motitab			ALLOOATION NOMBER	-
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		٦		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
		Barcode Data Filing Period (optiona	L and instructions)	
	2021:	Barcode Data Filing Feriod (optiona	- see instructions)	
Accounting Period				
renou				
_	Instructions: Give the full legal name of the owner of	the cable system. If the owner is a sub	sidiary of another corporation, give the full	corporate
B	title of the subsidiary, not that of the part		, , , , , , , , , , , , , , , , , , , ,	
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the	e accounting period, only the owner or	n the last day of the accounting period shoul	d submit a
	single statement of account and royalty			
	Check here if this is the system's first fili	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	002811
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	Λ	
	BUSINESS NAME(S) OF OWNER O	F CABLE STSTEM (IF DIFFEREN	1)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite	number)		
	TYLER, TX 75701			
	(City, town, state, zip)	in and an fundation of the info	antification in the second comparison of t	
C	INSTRUCTIONS: In line 1, give any businames already appear in space B. In line		,	2
System	IDENTIFICATION OF CABLE SYSTEM:			
	¹ GURDON, AR			
	MAILING ADDRESS OF CABLE SYSTEM	Л:		
	2 (Number, street, rural route, apartment, or suite	numberi		
	 Inumber, street, rural route, apartment, or suite 			
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code at	uthorizes the Copyright Offce to collect the	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	00281?
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter knowr ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN GURDON	AR
Community	GORDON	~~
-		
ld Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							00281
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBI	RS AND RATE	ES				
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		<i>,</i>	0 , (,	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	· ·	,		Stanua		5 within a j		
	Block 1: In the left-hand block				of sec	ondary 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	-		•					
	printed in block 1 (for example, tiers of services that include one or more secondary transmissi								
	with the number of subscribers a sufficient.	bers and rates, in the right-hand block. A two- or three-word descrip						service is	
		DCK 1					BLOCK	(2	
		NO. OF SUBSCRIB		RATE	OATE	GORY OF SEF		NO. OF SUBSCRIBERS	RATE
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CATE	GORT OF SE	(VICE	SUBSCRIBERS	RATE
	Service to first set		217	34.99					
	Service to additional set(s)		211	34.33					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		11	45.95					
	Converter			45.55					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES					
F	In General: Space F calls for rate	te (not subscri	per) inform	ation with respe	ect to a	ll your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t					,			
Services	service for a single fee. There ar furnished at cost or (2) services	•		•					
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,		5		5 ,	
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) descrip				u. Lisi				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SERVIC	F	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			on: Non-reside					
	• Pay cable	17.00	Motel	hotel					
	• Pay cable—add'l channel	19.00	• Comn	nercial					
	Fire protection		• Pay c						
	•Burglar protection			able-add'l chanr	nel				
	Installation: Residential		-	rotection					
	• First set	99.00	•	r protection					
	 Additional set(s) 	25.00	Other se	-					
	• FM radio (if separate rate)		• Recor			40.00			
	• Converter		• Disco						
		I							
			 Outlet 	relocation		25.00			
				relocation to new address	i	25.00 99.00			

	LEGAL NAME OF OWNER OF	JF CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC	CATIONS LLC		002
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • 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 Column 2: Give the chann- of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	I also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	(1) stations carried only on a part e carriage of certain network prog I(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and all see page (v) of the general instruc- rogram services such as HBO, ES air designation. For example, rep vision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial upendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-1	4	N	LITTLE ROCK, AR
	KARK-2	4.2	I-M	LITTLE ROCK, AR
Rows as Necessary	KARK-3	4.3	I-M	LITTLE ROCK, AR
	KARK-HD1	4	N-M	LITTLE ROCK, AR
	KARZ-1	42	1	LITTLE ROCK, AR
	KARZ-2	42.2	I-M	LITTLE ROCK, AR
	KARZ-HD1	42	I-M	LITTLE ROCK, AR
	KASN-1	38	I	PINE BLUFF, AR
	KASN-HD1	38	I-M	PINE BLUFF, AR
	KATV-1	7	N	LITTLE ROCK, AR
	KATV-2	7.2	I-M	LITTLE ROCK, AR
	KATV-3	7.3	I-M	LITTLE ROCK, AR
	KATV-4	7.4	I-M	LITTLE ROCK, AR
	KATV-HD1	7	I-M	LITTLE ROCK, AR
	KETG-1	9	E	ARKADELPHIA, AR
			E-M	ARKADELPHIA, AR
	KETG-2	9.2	—	
	KETG-2 KETG-3	9.2 9.3	E-M	ARKADELPHIA, AR
				ARKADELPHIA, AR ARKADELPHIA, AR
	KETG-3	9.3	E-M	
	KETG-3 KETG-4	9.3 9.4	E-M E-M	ARKADELPHIA, AR
	KETG-3 KETG-4 KETG-HD1	9.3 9.4 9	E-M E-M	ARKADELPHIA, AR ARKADELPHIA, AR
	KETG-3 KETG-4 KETG-HD1 KKAP-1	9.3 9.4 9 36	E-M E-M E-M I	ARKADELPHIA, AR ARKADELPHIA, AR ARKADELPHIA, AR
	KETG-3 KETG-4 KETG-HD1 KKAP-1 KLRT-1	9.3 9.4 9 36 16	E-M E-M E-M I I	ARKADELPHIA, AR ARKADELPHIA, AR ARKADELPHIA, AR LITTLE ROCK, AR

ounting Period:	2021/1			FORM SA1-2E. P/				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	CEQUEL COMMUNIC	ATIONS LLC		002				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syste	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part	-time basis under				
Primary	76.59(d)(2) and (4), 76.61((e)(2) and (4), or 76.63 (referring to 76.6						
ransmitters:		as explained in the next paragraph.	· · · · · · · · · · · · · · · · · · ·	• <i>.</i>				
Television		s: With respect to any distant stations ca rules, regulations, or authorizations:	arried by your cable system on a su	ubstitute program				
		re in space G—but do list it in space I (th	ne Special Statement and Program	n I oa)—if the				
	station was carried only or			(20g)				
		also in space I, if the station was carried						
		on concerning substitute basis stations,						
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each							
		multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.						
		nel number the FCC assigned to the telev	vision station for broadcasting ove	r the air in its community				
		VRC is channel 4 in Washington, D.C.						
		h case whether the station is a network s	, , , , , , , , , , , , , , , , , , ,					
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"							
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.							
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	ne community with which the statio	n is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION					
			3. THE OF STATION	4. LOCATION OF STATION				
	KTHV-4	11.4	I-M					
	KTHV-4 KTHV-HD1			LITTLE ROCK, AR				
		11.4	I-M					

· · · · · · · · ·			CABLE S'						SYSTEM I 0028
 cecivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, n the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. or detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. aper SA1-2 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of lexican or Canadian stations, if any, the community with which the station is identified). 	n General: List	every radio s	station ca	arried on a separate and discr					Н
CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei it the Co sign of e the static ion's sign g a check n's locatio	stem whenever it is received a ived at the headend, with the 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 th	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem 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/D				0/0		
	CALL SIGN	AIM OF FM	S/D	LOCATION OF STATION	CALL SIGN	AIVI OF FM	S/D	LOCATION OF STATION	
Normal SectorNormal									
Image: section of the section of th									
Image: Section of the section of th									
Image: section of the section of th									
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Image: Section of the section of th									
IndextIndex									
Image: series of the series									
Image: section of the section of th									
Index<									
Image: series of the series									
Image: Second									
Image: Second									
Image: series of the series									
Normal SectorNormal Secto									
Image: series of the series									
						I	1	II	

Name CEQUEL COMMUNICATIONS LLC 0028 I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1 1.9ECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image (v) of the general instructions in the paper SA1-2 form. 1.9ECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program torm is broadcast by a distant station? Image (v) of the general instructions for further information. 1.0 In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Colum 61: Give the title of every nonnetwork television program. ("substitute program.") that, during the accounting period, was broadcast by a distant station on addat your cable system substituted for the programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." (Give the throadcast station's locatind (the community with which the station is identified).	Name CEQUEL COMMUNICATIONS LLC 0028 I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further septemation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program. broadcast by a distant station? Image: Comparison of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program. broadcast by a distant station? Image: Comparison of the programming that must be included in this log. see page (v) of the general instructions for further program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program (substitute program. 'guest television program') that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station in the case of Mexican or Canadian stations, if any, the community with which the station is identified. Column 1: Give the title of every nonnetwork television program. 'Guestatite time as the basubstitute program. Column 4: Give								FOR	M SA1-2E. PAGE
I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOC In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Wite: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "(substitute program 'list, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories or "basketBall:" List specific program titles, for example, "I Love Lucy" or "NBA BasketBall: TGE's vs. Bulls." Column 3: Give the title addition station is deating the station is identified). Column 3: Give the title addian stations, if any, the community with which the station is identified).	I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Comparison of the program in the paper SA1-2 form. Vote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "substitute program" that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories or "basketball": List specific program titles, for example, "1 Love Lucy" or "NBA Basketball: Toers vs. Bulls." Column 3: Give the title of the station blocation (the community with which the station is identified). Column 4: Give the call sign of the station broadcasting the substitute program.	Name								SYSTEM ID
I General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program. broadcast by a distant station? • Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program. ("substitute for the programming of another station under certain FCC rules, regulations, or a uthorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. ("I Love Lucy" or "NBA Basketball: TGers vs. Bulls." Column 3: Give the title of every nonnetwork television program. Column 4: Give the broadcast tive, enter "Yes." Otherwise enter "No." Column 3: Give that its of a sock title the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the s	I General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 1. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute for gram") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or a uthorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program ("tuber for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls:" Column 3: Give the tills of the station broadcasting the substitute program. Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:0:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substitute for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "R" if the listed prog				LC					00281
Substitute Carriage: Special tatement and Program Log substitute system control the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE "During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the tille of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute program. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "Love Lucy" or "NBA Basketball: There vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is lowen must, swith the month first. Example: for May 7 give "57." Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Colume first the times when the substitute program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the lis	Substitute Carriage: Special tatement and rogram Log substitute explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 'During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program ("substitute program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is locented by the FCC or, in the case of Mexican or Canadian station, if any, the community with which the station is identified). Column 6: Give the month and day when your system carried the substitute program. List net mises accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should b		SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LC	G			
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Accounting Period:	2021/1 FORM SA1-2E. P	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
Name	CEQUEL COMMUNICATIONS LLC 002	2811
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) during the accounting period. 62,132. (Amount of 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 \$ 52.	00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	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 \$137,100)	
	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)	
		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 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
Duc	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 \$ 67.0	00
	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# 002811
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 value of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	28 518
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name RODNEY HASKINS	(903) 579-3152
Information	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) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 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 in 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 herein 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.

QUEL COMMUNICATIONS LLC 002 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: Image: Communication of the satellite distor best 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.* P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Special Statement of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image: Communication of the cable system exclude any amounts of gross receipts for secondary transmissions Image: Communication of the satellite carrier(s) below. Image: Communication of the satell	unting Period: 2	2021/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statelite frome Viewer Act of 1989 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- towing aretraces. The determining the total number of subacribers and the gross amounts paid to the cable system for the basic sorbers and amounts collected from subacribers receiving societaria missions provements provided set from subacribers receiving societaria missions for providing secondary transmissions of primary broadcast transmitters, the system societaria structions located in the paper SA1-2 form. The determining period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? The constraint of the secondary period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? The constraint of the secondary period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. The exclusion of interest assessment. The state is the satellite carrier(s) below. The exclusion of interest cases excluses and the gross areceipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. The exclusion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The adverse is a mount of late payment or underpayment. The accounting period, diagong the excluses and enter the sum here the submitter of the submitter at the sum here is a count of the excluse of the set of the se	AL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM I
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made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	•		
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maling Address Maining Address Marrie Maling Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Q Line 1 Enter the amount of late payment or underpayment. x	made by satellit		
Mailing Address Mailing Address Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Ima		the total here and list the satellite carrier(s) below	
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Line 3 Multiply line 2 by the number of days late and enter the sum here	·		Interest Assessme
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 1 Enter th	ne amount of late payment or underpayment	Interest Assessme
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>(interest charge)</u> * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	Line 1 Enter th	ne amount of late payment or underpayment x x	Interest Assessme
To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	Line 1 Enter th	he amount of late payment or underpayment	Interest Assessmen
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