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

| STATEME | ENT OF ACCOUNT | FOR COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: |
|----------------------|---|---|--|---|
| - | ry Transmissions by | DATE RECEIVED | AMOUNT | _ |
| Cable Syste | ms (Short Form) | 8/30/21 | \$ | coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: |
| in the first tab | of this workbook | | ALLOCATION NUMBER | Tel: (202) 707-8150 |
| | | | | |
| A | ACCOUNTING PERIOD COVERED | 1 | | |
| | 2021/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | 20211 | Barcode Data Filing Period (optiona | I - see instructions) | |
| Accounting Period | | | | |
| | Instructions: | uha anihi a sustana . If tha assumation a sub | sidion, of another correction, sine the full | |
| B | title of the subsidiary, not that of the par | | sidiary of another corporation, give the full of | corporate |
| Owner | List any other name or names under which | ch 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 should nting period. | d submit a |
| | Check here if this is the system's first filir | ng. If not, enter the system's ID numbe | r assigned by the Licensing Division. | 028988 |
| | 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 | number) | | |
| | TYLER, TX 75701 (City, town, state, zip) | | | |
| С | INSTRUCTIONS: In line 1, give any busi | | , | 5 |
| System | names already appear in space B. In line | 2, give the maining address of t | në system, il dinërënt from the addre | ss given in space b |
| System | 1 RUSK, TX | | | |
| | MAILING ADDRESS OF CABLE SYSTEM | 1: | | |
| | 2 (Number, street, rural route, apartment, or suite r | | | |
| | (Number, street, rural route, apartment, or suite r | number) | | |
| | (City, town, state, zip code) | | | |
| Privacy Act Notice | : Section 111 of title 17 of the United States Code au | thorizes the Copyright Office to collect th | e personally identifying information (PII) reque | ested on this |

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

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II |
|---------------------|---|---|
| Humo | CEQUEL COMMUNICATIONS LLC | 02898 |
| 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. | communities within unincorporated areas and including single u list will serve as a form of system identification hereafter know |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city. | e nome parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | RUSK | TX |
| Community | CHEROKEE COUNTY | TX |
| d Rows as Necessary | | |
| nows as necessary | | |
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|---------------------------|--|--|------------------|------------------------------|------------|-----------------|--------------|-----------------------|----------|--|--|--|
| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | : | | | | | | | | | |
| | CEQUEL COMMUNICAT | TIONS LLC | | | | | | | 02898 | | | |
| - | SECONDARY TRANSMISSION | SERVICE: SU | JBSCRIBE | RS AND RATES | S | | | | | | | |
| 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 | | | | | | | | | | |
| Secondary Transmission | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (lune 30 or December 31 as the case may be) | | | | | | | | | | | |
| Service: Sub- | last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | | | | |
| scribers and | down by categories of secondar | | | | | | | | | | | |
| Rates | each category by counting the n | | | 0,0 | | | , | charged | | | | |
| | separately for the particular serv Rate: Give the standard rate of | | | | | • | , | be and the | | | | |
| | unit in which it is generally billed | - | | | | | - | | | | | |
| | category, but do not include disc | | | | | | | | | | | |
| | Block 1: In the left-hand block | | | - | | • | | | | | | |
| | systems most commonly provide that applies to your system. Not | | | | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | | | | |
| | subscriber who pays extra for ca | ble service to | additional | sets would be inc | cluded | in the count ur | nder "Servi | ce to the | | | | |
| | first set" and would be counted o | | | | | and as that an | different f | no no the ope | | | | |
| | Block 2: If your cable system printed in block 1 (for example, t | - | | • | | | | | | | | |
| | with the number of subscribers a | | | | | | , | | | | | |
| | sufficient. | | 0 | | | • | | | | | | |
| | BLC | DCK 1 | | | | | BLOCK | | T | | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | RATE | CATE | GORY OF SEI | RVICE | NO. OF SUBSCRIBERS | RATI | | | |
| | Residential: | 000001110 | | | 0, | | | 0000011001110 | | | | |
| | Service to first set | | 291 | 34.99 | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | 6 | | | |
| | Motel, hotel | | | | | | | | 6 | | | |
| | Commercial | | 27 | 45.95 | | | | | | | | |
| | Converter | | | | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | · · · · · · | | | ot to all | vour cablo cv | stom's con | views that work | | | | |
| F | In General: Space F calls for rain not covered in space E, that is, t | • | , | - | | | | | | | | |
| | service for a single fee. There are | | | | | , | , | | | | | |
| Services | furnished at cost or (2) services | | | | | | | | | | | |
| Other Than Secondary | amount of the charge and the ur enter only the letters "PP" in the | | usually bil | led. If any rates a | are cha | irged on a vari | able per-p | rogram basis, | | | | |
| ransmissions: | Block 1: Give the standard rat | | the cable s | ystem for each o | f the a | oplicable servi | ces listed. | | | | | |
| Rates | Block 2: List any services that | | | | | | | | | | | |
| | listed in block 1 and for which a | | | | l. List tl | nese other ser | vices in the | e form of a | | | | |
| | brief (two- or three-word) description and include the rate for each. | | | | | | | | | | | |
| | | BLO | | | | | | BLOCK 2 | | | | |
| | CATEGORY OF SERVICE | RATE | | RY OF SERVICE | | RATE | CATEGO | DRY OF SERVICE | RATE | | | |
| | Continuing Services: | | | n: Non-residen | tial | | | | | | | |
| | • Pay cable | 17.00 | • Motel, | | | | | | | | | |
| | Pay cable—add'l channel | 19.00 | • Comm | | | | | | | | | |
| | Fire protection | | • Pay ca | | | | | | | | | |
| | •Burglar protection | | - | ble-add'l channe | = | | | | | | | |
| | Installation: Residential | 00.00 | • | otection | | | | | | | | |
| | First set | 99.00 25.00 | - | r protection | | | | | | | | |
| | Additional set(s) FM radio (if separate rate) | 25.00 | • Recor | | | 40.00 | | | | | | |
| | • Converter | | Recor Discor | | | 40.00 | | | | | | |
| | | | | | | | | | | | | |
| | | | • Outlot | relocation | | 25.00 | | | | | | |
| | | | | relocation to new address | | 25.00 99.00 | | | | | | |

| lame | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTE | | | | |
|--------------------|--|---|--|---|--|--|--|--|
| | CEQUEL COMMUNIC | ATIONS LLC | | 02 | | | | |
| | PRIMARY TRANSMITTERS: | | | | | | | |
| G | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under | | | | | | | |
| - | FCC rules and regulations in | n effect on June 24, 1981, permitting the | e carriage of certain network prog | grams [sections | | | | |
| imary smitters: | substitute program basis, as | e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. | | | | | | |
| evision | | : With respect to any distant stations can les, regulations, or authorizations: | rried by your cable system on a s | substitute program | | | | |
| | • Do not list the station here | e in space G—but do list it in space I (the | e Special Statement and Program | n Log)—if the | | | | |
| | - | also in space I, if the station was carried | | | | | | |
| | | n concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr | | | | | | |
| | multicast stream associated | with a station according to its over-the- | • | - | | | | |
| | | el number the FCC assigned to the telev | vision station for broadcasting ove | er the air in its community | | | | |
| | | RC is channel 4 in Washington, D.C. case whether the station is a network s | station, an independent station, or | r a noncommercial | | | | |
| | educational station, by enter | ring the letter "N" (for network), "N-M" (for | for network multicast), "I" (for inde | ependent), "I-M" | | | | |
| | For the meaning of these te | | ctions in the paper SA1-2 form. | , | | | | |
| | Column 4: Give the location | 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 Canadian stations, if any, give the name of the community with which the station is identified. | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | |
| | KDFW-1 | | | | | | | |
| | | 4 | I | DALLAS, TX | | | | |
| | KERA-1 | 13 | E | DALLAS, TX DALLAS, TX | | | | |
| s as Necessary | | | E E-M | | | | | |
| s as Necessary | KERA-1 | 13 | | DALLAS, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 | 13 13 | E-M | DALLAS, TX DALLAS, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 | 13 13 56 | E-M N | DALLAS, TX DALLAS, TX JACKSONVILLE, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 | 13 13 56 56 | E-M N | DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 | 13 13 56 56 51 | E-M N N-M I | DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1 | 13 13 56 56 51 | E-M N N-M I I-M | DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 | 13 13 56 56 51 51 7 | E-M N N-M I I-M N | DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2 | 13 13 56 56 51 51 7 7 7.2 | E-M N N-M I I-M N I-M | DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 | 13 13 56 56 51 51 7 7 7.2 7.3 | E-M N N-M I I I-M I-M I-M I-M | DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-4 | 13 13 56 56 51 51 7 7 7.2 7.3 7.4 | E-M N N-M I I-M I-M I-M I-M I-M | DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-4 KLTV-4 | 13 13 13 56 56 51 51 7 7.2 7.3 7.4 7 | E-M N N-M i i-M i-M i-M i-M N-M | DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX | | | | |
| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-4 KLTV-4 KLTV-HD1 KLTV-HD3 | 13 13 13 56 56 51 7 7.2 7.3 7.4 7 7.3 7.4 | E-M N N-M I I-M I-M I-M I-M I-M I-M I-M | DALLAS, TXDALLAS, TXJACKSONVILLE, TXJACKSONVILLE, TXLONGVIEW, TXLONGVIEW, TXTYLER, TX | | | | |
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| s as Necessary | KERA-1 KERA-HD1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-4 KLTV-4 KLTV-HD1 KLTV-HD1 KLTV-HD3 KTPN-1 KTPN-HD1 | 13 13 13 13 56 56 51 7 7.2 7.3 7.4 7 7.3 47 47 | E-M N N-M I I-M I-M I-M I-M I-M I-M I-M I-M I-M | DALLAS, TXDALLAS, TXJACKSONVILLE, TXJACKSONVILLE, TXLONGVIEW, TXLONGVIEW, TXTYLER, TX | | | | |
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| s as Necessary | KERA-1 KERA-HD1 KETK-HD1 KETK-HD1 KFXK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-3 KLTV-4 KLTV-HD1 KLTV-HD3 KTPN-1 KTPN-HD1 KYTX-1 KYTX-2 KYTX-3 | 13 13 13 13 56 56 51 7 7.2 7.3 7.4 7 7.3 47 19 19.2 19.3 | E-M N N-M I I-M I-M I-M I-M I-M I-M I I N-M I I I I I I I I I I I I I I I I I I I | DALLAS, TXDALLAS, TXJACKSONVILLE, TXJACKSONVILLE, TXLONGVIEW, TXLONGVIEW, TXTYLER, TXNCOGDOCHES, TXNACOGDOCHES, TXNACOGDOCHES, TX | | | | |
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| EGAL NAME OF | | | | | | | | SYSTEM I 0289 |
|--|--|--|--|---|--|--|---|----------------------------------|
| | every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, 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 ive the statior | 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 pyright 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 this point, see pa ed by the cable s he 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 ii eparate a | be expected, ated intervals. Instructions in the. | Primary Transmitters Radio |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| SALE GIGIN | | 5,0 | | GALL OIGH | | 5,0 | | |
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| Accounting Perio | | | | | | | 10 | RM SA1-2E. PAGE 5 | |
|------------------------------|---|--|--|---|---|--|---|---|--|
| Name | LEGAL NAME OF OWNER OF | | | | | | | SYSTEM ID | |
| | CEQUEL COMMUNICA | ATIONS LI | LC | | | | | 028988 | |
| | SUBSTITUTE CARRIAG | E: SPECIA | AL STATEME | NT AND PROGRAM L | OG | | | | |
| | In General: In space I, ident | | | | | | | | |
| 0 | substitute basis during the a explanation of the programm | | | | | | | | |
| Substitute Carriage: | 1. SPECIAL STATEMEN | | | | the general in | | i ille papei | 3A1-2 101111. | |
| Special | During the accounting per | | | | asis. anv noni | network tel | evision pro | ogram | |
| Statement and Program Log | broadcast by a distant sta | • | , | | ····, ···, ···, |] | YES | × NO | |
| • • | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program | | | | | | | | |
| | 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. | | | | | | | | |
| | period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim | egulations, o ries like "mo . Bulls." m was broad sign of the s adcast static nadian static nth and day ive "5/7." | or authorization ovies" or "bask dcast live, entu station broadc on's location (i ons, if any, the when your sy e substitute pr | ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by yo | eneral instruct ram titles, for e r "No." gram. the station is li he station is id ite program. U ur cable syste | tions for fur example, "I censed by lentified). se numera m. List the | ther inform Love Lucy the FCC o Is, with the times accu | nation. /" or r, in e month urately | |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a | ter "R" if the and regulation | listed prograr ons in effect d | n was substituted for pro luring the accounting per | gramming that iod; enter the | t your syste letter "P" if | em was <i>rec</i> the listed p | quired | |
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| Accounting Period: | 2021/1 FORM SA1-2E. PAGE 6. |
|------------------------------------|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# |
| | CEQUEL COMMUNICATIONS LLC 028988 |
| 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. IMPORTANT: You must complete a statement in space P concerning gross receipts. |
| | COPYRIGHT ROYALTY FEE |
| L 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 \$ 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) |
| | 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 |
| | 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) \$ 52.00 |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00 |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00 |
| | EFT Trace # or TRANSACTION ID # |
| | 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# 028988 |
| 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 | 19 300 |
| 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 | Name RODNEY HASKINS Telephone Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) | (903) 579-3152 |
| | 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 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 |
| | Image: Second 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.

| ounting Period: 2 | 2021/1 | FORM SA1-2E. PAGE |
|---|--|--|
| AL NAME OF OW | NER OF CABLE SYSTEM: | SYSTEM II |
| QUEL COMM | UNICATIONS LLC | 02898 |
| The Satellite H lowing sentenc "In dete service scribers For more inform | TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: rmining 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." mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form. | P Special Statement Concerning Gross Receipts Exclusion |
| During the acc | ' ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners? | |
| | r the total here and list the satellite carrier(s) below | |
| Name Mailing Address | Name Mailing Address | |
| | ASSESSMENT | |
| | plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| For an explana | | Q Interest Assessmer |
| For an explana | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment | Q Interest Assessmen |
| For an explana Line 1 Enter the Line 2 Multiply | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment | Q Interest Assessmen |
| For an explana Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment | Q Interest Assessmen |
| For an explana Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter the Line 2 Multiply Line 3 Multiply in space * To view the contact the ** This is the NOTE: If you a | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter the Line 2 Multiply Line 3 Multiply in space * To view the contact the ** This is the NOTE: If you a | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment | Q Interest Assessmen |
| For an explana Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you a list below the o | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment | Q Interest Assessme |

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