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		OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	-	•			coplicsoa@copyright.gov
General instru	·		8/30/21	\$	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
					-
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: ()	(YYY/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2021/1		·	
			T		
		20211	Barcode Data Filing Period (optiona	al - see instructions)	
Accounting					
Period					
		Instructions:			
B		title of the subsidiary, not that of the pare		osidiary of another corporation, give the full	corporate
Owner		List any other name or names under whic	h the owner conducts the business o	f the cable system.	
		If there were different owners during the single statement of account and royalty fe		n the last day of the accounting period shou Inting period.	d submit a
		Check here if this is the system's first filin	g If not enter the system's ID numbe	er assigned by the Licensing Division	002913
]	8 , -		
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	м	
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF		17)	
		BUSINESS NAME(S) OF OWNER OF	CABLE STSTEM (IF DIFFEREN	(1)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF 3027 S SE LOOP 323	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite n	umber)		
		TYLER, TX 75701			
	INCT	(City, town, state, zip)	and ar trade names used to id	antify the hypinese and exerction of	the eveter unless these
C				entify the business and operation of t the system, if different from the addre	
System	4	IDENTIFICATION OF CABLE SYSTEM:			
	1	CHARLESTON, AR			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		

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.

City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0029
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 the as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CHARLESTON	AR
Community		
dd Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							00291
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES				
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	• •	,		ny standa		5 Within a		
	Block 1: In the left-hand block				ies 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					service that are	e different f	rom those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
		NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CAT	EGORT OF SE	VICE	SUBSCRIBERS	RAIL
	Service to first set		55	34.99					
	Service to additional set(s)			34.33					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		11	45.95					
	Converter			45.95					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rate	te (not subscril	oer) info	rmation with re	spect to a	Il 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	•			0		0.0		
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				SHEU. LISI	lifese olifei sei			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	17.00	• Mot	el, hotel					
	• Pay cable—add'l channel	19.00		nmercial					
	Fire protection		• Pav	cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential		-	protection					
	• First set	99.00		glar protection					
	 Additional set(s) 	25.00		services:					
	• FM radio (if separate rate)			connect		40.00			
	• Converter			connect					
				•					
			• Out	let relocation		25.00			
				let relocation /e to new addr	ess	25.00 99.00			

-				
me	LEGAL NAME OF OWNER OF			SYSTEM ID#
				002913
Anary nitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	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 lles, 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	t (1) stations carried only on a part-tin ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	IT ONLE CICIL			
	KAET 4	a	E	
	KAFT-1	9	E	FAYETTEVILLE, AR
	KFSM-1	5	E	FORT SMITH, AR
s Necessary	KFSM-1 KFTA-1	5 24	N	FORT SMITH, AR FORT SMITH, AR
s Necessary	KFSM-1 KFTA-1 KHBS-1	5 24 40	N 	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR
Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2	5 24 40 40.2	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR
Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1	5 24 40 40.2 51	N 	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
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Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1	5 24 40 40.2 51	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
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s Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1	5 24 40 40.2 51	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR

	OWNER OF OMMUNICA							SYSTEM 0029
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If isignal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing ive the station	rning AI y the sys be recei t the Co sign of e the static ion's sign g a check o's locati	I-Band FM Carriage: Under C them whenever it is received a ved at the headend, with the pyright Office regulations on the each station carried. In is AM or FM. In al was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	regulations, an eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	PFM sig () it can ertain st eneral in eparate a	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
0411 0101		0/5				o./=		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					

Accounting Perio							101	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							8YSTEM ID# 002913
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I)G			
	In General: In space I, ident substitute basis during the a explanation of the programm	tify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast b becific present and former l	y a <i>distant</i> sta FCC rules, reg	ulations, or	authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN				ano gonora int		ine paper	
Special	During the accounting per				asis. anv nonr	network tele	evision pro	oram
Statement and Program Log	broadcast by a distant sta	•	······································	·····,,, ·····	, ,	Γ	YES	
• •	Note: If your answer is "No		roct of this pr	an blank. If your answer	ic "Voc " vou r	⊔ nust.comp	-	
	log in block 2.	, leave life	lest of this pa	ige blatik. If your allswei	is res, your	nusi comp	ete trie pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	a distant stat egulations, o ries like "mo . Bulls." m was broac sign of the s adcast static nadian static nad an static nth and day ive "5/7." ies when the . Example: a	tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the when your sy e substitute pr a program carr	ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0	ted for the pro- eneral instruct am titles, for e "No." gram. he station is lid e program. Us ar cable systed 1:15 p.m. to 6	ogramming ions for fur example, "I censed by entified). se numeral m. List the :28:30 p.m	of anothei ther inform Love Lucy the FCC or s, with the times accu	r station ation. " or ", in month urately
	to delete under FCC rules a was substituted for program	and regulation mming that y	ons in effect d		od; enter the l	etter "P" if	the listed p	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y	ons in effect d your system w	luring the accounting peri as permitted to delete un	od; enter the l der FCC rules	etter "P" if and regula	the listed p ations in	rogram
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Accounting Period:	2021/1 FORM SA1-2E. PAG	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
Name	CEQUEL COMMUNICATIONS LLC 0029	913
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. 18,080.28 IMPORTANT: You must complete a statement in space P concerning gross receipts. 4,000000000000000000000000000000000000	
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	<u>)</u>
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00	J
	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	
		<u>·</u>
	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	
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# 002913
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 .	7 57
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 (903) 579-3152
	Address 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 B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] 	rstem as identified
	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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

unting Period: 2	021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMU	JNICATIONS LLC	0029 ⁻
The Satellite Ho lowing sentence "In deter service of scribers	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: 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." mation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
	aper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
	······································	
Name Mailing Address	Image: Name Mailing Address	
	ASSESSMENT	
You must comp	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
	lete 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
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