This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

| STATEM               | ENT OF ACCOUNT  | FOR COPYRIG                                 | HT OFFICE USE ONLY   | Return completed workbook by email to:   |
|----------------------|---|---|--|--|
|                      | ary Transmissions by  | DATE RECEIVED                               | AMOUNT   |  |
| -                    | ems (Short Form)  | 8/30/21                                     | \$   | - coplicsoa@copyright.gov<br>For additional information,<br>contact the U.S. Copyright |
| -                    | of this workbook  |   | ALLOCATION NUMBER  | Office Licensing Division at:<br>Tel: (202) 707-8150                                   |
|                      |   |   | ALLOCATION NOMBER  | -  |
|                      |   |   |  |  |
|                      |   |   |  |  |
| A                    | ACCOUNTING PERIOD COVERED   | BY THIS STATEMENT: ()                       | 'YYY/(Period))   |  |
|                      | 2021/1  | Period 1 = January 1 - June 30              | Period 2 = July 1 - December 31                            |  |
|                      |   | 7   |  |  |
|                      | 2021:   | Barcode Data Filing Period (optiona         | I - see instructions)                                      |  |
| Accounting<br>Period |   |   |  |  |
|                      | Instructions:   |   |  |  |
| В                    | Give the full legal name of the owner of the title of the subsidiary, not that of the par |   | sidiary of another corporation, give the full o            | corporate  |
| Owner                | List any other name or names under whi  | ch the owner conducts the husiness of       | the cable system   |  |
| C which              |   | ch the owner conducts the business of       | the table system.  |  |
|                      | If there were different owners during the<br>single statement of account and royalty      |   | the last day of the accounting period should nting period. | d submit a   |
|                      | Check here if this is the system's first filir  | ag if not ontor the system's ID numbe       | r assigned by the Licencing Division                       | 031253   |
|                      |   | ig. If not, enter the system's to numbe     | assigned by the Licensing Division.                        |  |
|                      | LEGAL NAME OF OWNER/MAILIN  | IG ADDRESS OF CABLE SYSTE                   | Λ  |  |
|                      |   |   |  |  |
|                      | CEQUEL COMMUNICATIONS LLC<br>BUSINESS NAME(S) OF OWNER O                                  |   | <b>T</b> )   |  |
|                      |   |   | ")   |  |
|                      | SUDDENLINK COMMUNICATIONS<br>MAILING ADDRESS OF OWNER OF                                  |   |  |  |
|                      | 3027 S SE LOOP 323  |   |  |  |
|                      | (Number, street, rural route, apartment, or suite r                                       | number)                                     |  |  |
|                      | (City, town, state, zip)  |   |  |  |
| С                    | INSTRUCTIONS: In line 1, give any busi  | ness or trade names used to ide             | entify the business and operation of t                     | he system unless these   |
|                      | names already appear in space B. In line  | e 2, give the mailing address of t          | he system, if different from the addre                     | ss given in space B  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:   |   |  |  |
|                      | MONT BELVIEU, TX  | Λ:  |  |  |
|                      |   |   |  |  |
|                      | 2 (Number, street, rural route, apartment, or suite r                                     | number)                                     |  |  |
|                      | (City, town, state, zip code)   |   |  |  |
| <u> </u>             |   |   |  |  |
| Privacy Act Notic    | e: Section 111 of title 17 of the United States Code au                                   | uthorizes the Copyright Offce to collect th | ne 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:<br>CEQUEL COMMUNICATIONS LLC  | SYSTEM ID:<br>031253   |
|--------------------|--|--|
| D                  | Instructions: List each separate community served by the cable system. A<br>"a separate and distinct community or municipal entity (including unincorr<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community<br>as the "first community." Please use it as the first community on all future | "community" is the same as a "community unit" as defined in FCC rules:<br>porated communities within unincorporated areas and including single,<br>that you list will serve as a form of system identification hereafter knowr |
| Area<br>Served     | Note: Entities and properties such as hotels, apartments, condominiums, c<br>identified city.  | or mobile home parks should be reported in parentheses below the   |
|                    | CITY OR TOWN   | STATE  |
| First<br>Community | MONT BELVIEU   |  |
| Rows as Necessary  |  |  |
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|                        |   |                  |           |                                    |             |                       |              | FORM SA1-       |   |
|------------------------|---|------------------|-----------|------------------------------------|-------------|-----------------------|--------------|-----------------|---|
| Name                   | LEGAL NAME OF OWNER OF C  | ABLE SYSTEM      |           |                                    |             |                       |              |                 |   |
|                        | CEQUEL COMMUNICAT   | IONS LLC         |           |                                    |             |                       |              |                 | 03125                                   |
| F                      | SECONDARY TRANSMISSION  | SERVICE: SU      | JBSCRI    | BERS AND R                         | ATES        |                       |              |                 |   |
| E                      | In General: The information in s  |                  |           | -                                  |             | •                     |              |                 |   |
| Secondary              | system, that is, the retransmission about other services (including p   |                  |           |                                    |             |                       |              |                 |   |
| Fransmission           | last day of the accounting period   |                  |           |                                    |             |                       |              |                 |   |
| Service: Sub-          | Number of Subscribers: Both   |                  |           |                                    |             |                       | ble system   | , broken        |   |
| scribers and           | down by categories of secondary   |                  |           |                                    |             |                       |              |                 |   |
| Rates                  | each category by counting the n<br>separately for the particular serv   |                  | <i>.</i>  | 0 , (                              |             |                       |              | charged         |   |
|                        | <b>Rate:</b> Give the standard rate c   |                  |           |                                    |             | •                     | ,            | ge and the      |   |
|                        | unit in which it is generally billed  | · ·              |           |                                    | ny standa   | rd rate variation     | s within a   | particular rate |   |
|                        | category, but do not include disc   |                  |           |                                    | ing of and  |                       |              | a that achia    |   |
|                        | Block 1: In the left-hand block<br>systems most commonly provide  | •                |           | -                                  |             | •                     |              |                 |   |
|                        | that applies to your system. <b>Not</b>   |                  |           |                                    |             |                       |              |                 |   |
|                        | categories, that person or entity   |                  |           |                                    |             | 0,                    | •            |                 |   |
|                        | subscriber who pays extra for ca  |                  |           |                                    |             | d in the count ur     | ider "Servi  | ce to the       |   |
|                        | first set" and would be counted of<br>Block 2: If your cable system   |                  |           |                                    |             | service that are      | different f  | rom those       |   |
|                        | printed in block 1 (for example, t  | -                |           | •                                  |             |                       |              |                 |   |
|                        | with the number of subscribers a  | ind rates, in th | e right-h | and block. A tv                    | vo- or thre | e-word descript       | ion of the s | service is      |   |
|                        | sufficient.   |                  |           |                                    |             |                       | DI OOI       | ( <b>0</b>      |   |
|                        | BLU   | DCK 1<br>NO. OF  |           |                                    |             |                       | BLOCK        | NO. OF          |   |
|                        | CATEGORY OF SERVICE   | SUBSCRIB         |           | RATE                               | CATI        | EGORY OF SEF          | RVICE        | SUBSCRIBERS     | RATE                                    |
|                        | Residential:  |                  |           |                                    |             |                       |              |                 |   |
|                        | <ul> <li>Service to first set</li> </ul>  |                  | 628       | 34.99                              |             |                       |              |                 | ,                                       |
|                        | <ul> <li>Service to additional set(s)</li> </ul>  |                  |           |                                    |             |                       |              |                 |   |
|                        | • FM radio (if separate rate)   |                  |           |                                    |             |                       |              |                 |   |
|                        | Motel, hotel  |                  |           |                                    |             |                       |              |                 |   |
|                        | Commercial  |                  | 7         | 45.95                              |             |                       |              |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                        | Converter   |                  |           |                                    |             |                       |              |                 |   |
|                        | Residential   |                  |           |                                    |             |                       |              |                 |   |
|                        | Non-residential   |                  |           |                                    |             |                       |              |                 |   |
|                        | SERVICES OTHER THAN SEC   | ONDARY TRA       | NSMIS     | SIONS: RATE                        | s           |                       |              |                 |   |
| F                      | In General: Space F calls for rate  |                  | ,         |                                    | -           | • •                   |              |                 |   |
| I                      | not covered in space E, that is, t<br>service for a single fee. There ar  |                  |           |                                    |             | ,                     |              |                 |   |
| Services               | furnished at cost or (2) services   | •                |           |                                    | 0           |                       | 0.0          |                 |   |
| Other Than             | amount of the charge and the ur   |                  | usually   | billed. If any ra                  | ites are cl | narged on a vari      | able per-p   | rogram basis,   |   |
| Secondary              | enter only the letters "PP" in the  |                  | ho ochl   | o ovotom for oc                    | ob of the   | oppliaable convi      | non lintod   |                 |   |
| ransmissions:<br>Rates | Block 1: Give the standard rat<br>Block 2: List any services that   |                  |           | •                                  |             |                       |              | were not        |   |
|                        | <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting listed in block 1 and for which a separate charge was made or established. List these other ser |                  |           |                                    |             |                       |              |                 |   |
|                        | brief (two- or three-word) description and include the rate for each.   |                  |           |                                    |             |                       |              |                 |   |
|                        |   | BLO              | CK 1      |                                    |             |                       |              | BLOCK 2         |   |
|                        | CATEGORY OF SERVICE   | RATE             | CATEO     | GORY OF SER                        | VICE        | RATE                  | CATEGO       | ORY OF SERVICE  | RATE                                    |
|                        | Continuing Services:  |                  |           | ation: Non-res                     | idential    |                       |              |                 |   |
|                        | • Pay cable   | 17.00            |           | tel, hotel                         |             |                       |              |                 |   |
|                        | • Pay cable—add'l channel   | 19.00            |           | mmercial                           |             |                       |              |                 |   |
|                        | Fire protection   |                  | -         | / cable<br>/ cable_add'l ab        | oppel       |                       |              |                 |   |
|                        | •Burglar protection   |                  | -         | / cable-add'l ch                   | annei       |                       |              |                 |   |
|                        | Installation: Residential <ul> <li>First set</li> </ul>   | 99.00            |           | e protection<br>glar protection    |             |                       |              |                 |   |
|                        | Additional set(s)   | 99.00<br>25.00   |           | giar protection<br>services:       |             |                       |              |                 |   |
|                        | • FM radio (if separate rate)   | 20.00            |           | connect                            |             | 40.00                 |              |                 |   |
|                        | Converter   |                  |           | connect                            |             |                       |              |                 |   |
|                        |   |                  |           |                                    |             | 25.00                 |              |                 |   |
|                        |   |                  | • ( )     | letrelocation                      |             | 23.00                 |              |                 |   |
|                        |   |                  |           | tlet relocation<br>ve to new addre | ess         | <u>25.00</u><br>99.00 |              |                 |   |

|                            | LEGAL NAME OF OWNER OF  | F CABLE SYSTEM:   |   |  | SYSTEM   |  |  |
|----------------------------|---|---|---|--|----------|--|--|
| Name                       | CEQUEL COMMUNIC   |   |   |  | 031      |  |  |
|                            | PRIMARY TRANSMITTERS:   |   |   |  |          |  |  |
| G                          | carried by your cable syste   | lentify every television station (including tra<br>em during the accounting period, <i>except</i> (<br>; in effect on June 24, 1981, permitting the | (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 76.61(   | · · ·   | -  |          |  |  |
| ransmitters:<br>Television | substitute program basis, as explained in the next paragraph.<br>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program |   |   |  |          |  |  |
|                            |   | rules, regulations, or authorizations:<br>re in space G—but do list it in space I (the  | e Special Statement and Program   | Loa)—if the  |          |  |  |
|                            | station was carried only on   |   | -   |  |          |  |  |
|                            | basis. For further information  | ion concerning substitute basis stations, se  | ee page (v) of the general instruc  | ctions.  |          |  |  |
|                            |   | on's call sign. <i>Do not</i> report origination pro<br>ed with a station according to its over-the-a   | -   | •  |          |  |  |
|                            | "WETA-2" as the same on   | 5   | <b>C</b>  |  |          |  |  |
|                            | of license. For example, W  | NRC is channel 4 in Washington, D.C.  |   |  |          |  |  |
|                            |   | h case whether the station is a network state<br>tering the letter "N" (for network), "N-M" (fo   | · · · · · ·   |  |          |  |  |
|                            | (for independent multicast)   | ), "E" (for noncommercial educational), or '  | "E-M" (for noncommercial educa  |  |          |  |  |
|                            | Column 4: Give the location   | terms, see page (iv) of the general instruct<br>on of each station. For U.S. stations, list th  | he community to which the station   |  |          |  |  |
|                            | FCC. For Mexican or Cana  | adian stations, if any, give the name of the  | community with which the statio   | on is identified.  |          |  |  |
|                            |   |   |   |  |          |  |  |
|                            | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER  | 3. TYPE OF STATION  | 4. LOCATION O  | FSTATION |  |  |
|                            | KETH-1  | 14  | I   | HOUSTON, TX  |          |  |  |
|                            | KETH-HD1  | 14  | I   | HOUSTON, TX  |          |  |  |
| Rows as Necessary          | KFTH-1  | 67  | I   | ALVIN, TX  |          |  |  |
|                            | KFTH-HD1  | 67  | I-M   | ALVIN, TX  |          |  |  |
|                            | KHOU-1  | 11  | Ν   | HOUSTON, TX  |          |  |  |
|                            | KHOU-2  | 11.2  | I-M   | HOUSTON, TX  |          |  |  |
|                            | KHOU-HD1  | 11  | N-M   | HOUSTON, TX  |          |  |  |
|                            | KIAH-1  | 39  | <b>I</b>  | HOUSTON, TX  |          |  |  |
|                            | KIAH-2  | 39.2  | I-M   | HOUSTON, TX  |          |  |  |
|                            | KIAH-HD1  | 39  | I-M   | HOUSTON, TX  |          |  |  |
|                            | 10  |   |   | and a second sec |          |  |  |
|                            | KLTJ-1  | 22  | E   | GALVESTON, TX  |          |  |  |
|                            | KLTJ-1<br>KPRC-1  | 22<br>2   | E<br>N  | GALVESTON, TX<br>HOUSTON, TX   |          |  |  |
|                            |   |   |   |  |          |  |  |
|                            | KPRC-1  | 2   | N   | HOUSTON, TX  |          |  |  |
|                            | KPRC-1<br>KPRC-2  | 2<br>2.2  | N<br>I-M  | HOUSTON, TX<br>HOUSTON, TX   |          |  |  |
|                            | KPRC-1<br>KPRC-2<br>KPRC-3  | 2<br>2.2<br>2.3   | N<br>I-M<br>I-M   | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX  |          |  |  |
|                            | KPRC-1<br>KPRC-2<br>KPRC-3<br>KPRC-HD1  | 2<br>2.2<br>2.3<br>2  | N<br>I-M<br>I-M<br>N-M  | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX   |          |  |  |
|                            | KPRC-1<br>KPRC-2<br>KPRC-3<br>KPRC-HD1<br>KPXB-1  | 2<br>2.2<br>2.3<br>2<br>49  | N<br>I-M<br>I-M<br>N-M<br>I   | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>CONROE, TX   |          |  |  |
|                            | KPRC-1<br>KPRC-2<br>KPRC-3<br>KPRC-HD1<br>KPXB-1<br>KPXB-HD1  | 2<br>2.2<br>2.3<br>2<br>49<br>49  | N<br>i-M<br>i-M<br>N-M<br>i<br>i<br>i-M   | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>CONROE, TX<br>CONROE, TX   |          |  |  |
|                            | KPRC-1<br>KPRC-2<br>KPRC-3<br>KPRC-HD1<br>KPXB-1<br>KPXB-HD1<br>KRIV-1  | 2<br>2.2<br>2.3<br>2<br>49<br>49<br>26  | N<br>I-M<br>I-M<br>I<br>I<br>I<br>I<br>I  | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>CONROE, TX<br>CONROE, TX<br>HOUSTON, TX  |          |  |  |
|                            | KPRC-1<br>KPRC-2<br>KPRC-3<br>KPRC-HD1<br>KPXB-1<br>KPXB-HD1<br>KRIV-1<br>KRIV-HD1  | 2<br>2.2<br>2.3<br>2<br>49<br>49<br>26<br>26<br>26  | N<br>I-M<br>I-M<br>I<br>I<br>I<br>I<br>I  | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>CONROE, TX<br>CONROE, TX<br>HOUSTON, TX<br>HOUSTON, TX   |          |  |  |
|                            | KPRC-1<br>KPRC-2<br>KPRC-3<br>KPRC-HD1<br>KPXB-1<br>KPXB-HD1<br>KRIV-1<br>KRIV-HD1<br>KTBU-1  | 2<br>2.2<br>2.3<br>2<br>49<br>49<br>49<br>26<br>26<br>55  | N<br>I-M<br>I-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I  | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>CONROE, TX<br>CONROE, TX<br>HOUSTON, TX<br>HOUSTON, TX   |          |  |  |
|                            | KPRC-1<br>KPRC-2<br>KPRC-3<br>KPRC-HD1<br>KPXB-1<br>KPXB-HD1<br>KRIV-1<br>KRIV-1<br>KRIV-HD1<br>KTBU-1<br>KTBU-HD1  | 2<br>2.2<br>2.3<br>2<br>49<br>49<br>26<br>26<br>26<br>55<br>55  | N<br>I-M<br>I-M<br>I<br>I<br>I<br>I-M<br>I<br>I<br>I-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>CONROE, TX<br>CONROE, TX<br>HOUSTON, TX<br>HOUSTON, TX<br>CONROE, TX<br>CONROE, TX   |          |  |  |

|                                       | LEGAL NAME OF OWNER O  | E CABLE SYSTEM   |  | SYSTEM   |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|
| Name                                  |  |  |  | 0312   |  |  |  |
|                                       | PRIMARY TRANSMITTERS: TELEVISION   |  |  |  |  |  |  |
| G                                     | <b>In General:</b> 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 |  |  |  |  |  |  |
| Primary<br>ransmitters:<br>Television | 76.59(d)(2) and (4), 76.61(<br>substitute program basis, a<br><b>Substitute Basis Stations</b>   | in effect on June 24, 1981, permitting t<br>(e)(2) and (4), or 76.63 (referring to 76.6<br>as explained in the next paragraph.<br><b>s:</b> With respect to any distant stations c<br>rules, regulations, or authorizations:   | 61(e)(2) and (4))]; and (2) certain sta  | ations carried on a  |  |  |  |
|                                       | station was carried <i>only</i> or<br>• List the station here, and   | re in space G—but do list it in space I (t<br>n a substitute basis.<br>also in space I, if the station was carrie<br>on concerning substitute basis stations.  | d both on a substitute basis and als   | so on some other   |  |  |  |
|                                       | <b>Column 1:</b> List each statio<br>multicast stream associate<br>"WETA-2" as the same on   | on's call sign. <i>Do not</i> report origination p<br>ad with a station according to its over-the<br>the form.   | program services such as HBO, ES<br>e-air designation. For example, rep  | PN, etc. Identify each<br>port multistream   |  |  |  |
|                                       | of license. For example, V<br>Column 3: Indicate in each<br>educational station, by entr<br>(for independent multicast)<br>For the meaning of these t<br>Column 4: Give the location   | hel number the FCC assigned to the tele<br>VRC is channel 4 in Washington, D.C.<br>h case whether the station is a network<br>ering the letter "N" (for network), "N-M"<br>), "E" (for noncommercial educational), or<br>erms, see page (iv) of the general instru-<br>on of each station. For U.S. stations, list<br>adian stations, if any, give the name of t | station, an independent station, or<br>(for network multicast), "I" (for indep<br>or "E-M" (for noncommercial educat<br>uctions in the paper SA1-2 form.<br>t the community to which the statior | a noncommercial<br>pendent), "I-M"<br>tional multicast).<br>n is licensed by the   |  |  |  |
|                                       |  |  |  |  |  |  |  |
|                                       | 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION   | 4. LOCATION OF STATION   |  |  |  |
|                                       | 1. CALL SIGN<br>KTRK-1   | 2. B'CAST CHANNEL NUMBER<br>13   | 3. TYPE OF STATION   | 4. LOCATION OF STATION<br>HOUSTON, TX  |  |  |  |
|                                       |  |  |  |  |  |  |  |
|                                       | KTRK-1   | 13   | N  | HOUSTON, TX  |  |  |  |
|                                       | KTRK-1<br>KTRK-HD2   | 13<br>13.3   | N<br>I-M   | HOUSTON, TX<br>HOUSTON, TX   |  |  |  |
|                                       | KTRK-1<br>KTRK-HD2<br>KTRK-3   | 13<br>13.3<br>13   | N<br>I-M<br>I-M  | HOUSTON, TX<br>HOUSTON, TX<br>HOUSTON, TX  |  |  |  |
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| EGAL NAME OF   |   |   |   |   |  |  |  | SYSTEM I<br>0312                 |
|--|---|---|---|---|--|--|--|----------------------------------|
|  | every radio s   | station ca  | arried on a separate and discr<br>nerally receivable by your cab  |   |  |  |  | н                                |
| eceivable if (1)<br>on the basis of a<br>For detailed info<br>paper SA1-2 for<br>Column 1: lo<br>Column 2: S<br>Column 3: lf<br>isignal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation abour<br>m.<br>lentify the call<br>tate whether t<br>the radio stat<br>this by placing<br>sive the station | y the sys<br>be recei<br>it the Co<br>sign of e<br>the static<br>ion's sign<br>g a check<br>n's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received a<br>ved at the headend, with the<br>opyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>this point, see par<br>this point, see par<br>this point, see par<br>this point, see part<br>the station is licens | adend, and (2<br>enna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | !) it can  <br>ertain st<br>eneral ir<br>eparate a | be expected,<br>ated intervals.<br>hstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
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| Accounting Perio             |  |  |   |   |  |  | 1 011   | M SA1-2E. PAGE 5                                     |
|------------------------------|--|--|---|---|--|--|---|--|
| Name                         | LEGAL NAME OF OWNER OF   |  |   |   |  |  |   | SYSTEM ID#   |
|                              | CEQUEL COMMUNICA   | ATIONS LLC   | G   |   |  |  |   | 031253   |
|                              | SUBSTITUTE CARRIAGI  | E: SPECIAL   | STATEME   | NT AND PROGRAM L  | .OG  |  |   |  |
|                              | In General: In space I, ident  |  |   |   |  |  |   |  |
|                              | substitute basis during the a explanation of the programm  |  |   |   |  |  |   |  |
| Substitute<br>Carriage:      | 1. SPECIAL STATEMEN  |  |   |   | i tile general in  |  |   | 5A 1-2 101111.                                       |
| Special                      | During the accounting per  |  |   |   | oasis, anv non   | network tele   | evision proc  | aram   |
| Statement and<br>Program Log | broadcast by a distant sta   | -  | ,   | <i>.</i> ,  | , ,  |  | YES   |  |
| • •                          | <b>Note:</b> If your answer is "No   |  | est of this na  | ae blank. If your answe   | is "Ves " vou  | –<br>must.compl  | -   |  |
|                              | log in block 2.  | , leave life le  | esi oi tilis pa   | ige blank. If your answe  | is res, you  | must compr   | ete the pro   | gram   |
|                              | Column 1: Give the title<br>period, was broadcast by a<br>under certain FCC rules, re<br>Do not use general categor<br>"NBA Basketball: 76ers vs.<br>Column 2: If the program<br>Column 3: Give the call<br>Column 4: Give the broat<br>the case of Mexican or Car<br>Column 5: Give the mor<br>first. Example: for May 7 gir<br>Column 6: State the tim<br>to the nearest five minutes. | a distant statio<br>egulations, or a<br>ries like "movi<br>. Bulls."<br>m was broadc<br>sign of the sta<br>adcast station<br>nadian station<br>nth and day w<br>ive "5/7."<br>nes when the s | on and that yo<br>authorization<br>ies" or "bask<br>cast live, ente<br>ation broadc<br>n's location (t<br>ns, if any, the<br>when your systitute pro- | our cable system substi<br>ns. See page (v) of the g<br>etball." List specific prog<br>er "Yes." Otherwise enter<br>asting the substitute pro<br>the community to which<br>community with which<br>stem carried the substitute<br>ogram was carried by yo | uted for the pr<br>general instruct<br>gram titles, for<br>or "No."<br>gram.<br>the station is li<br>the station is li<br>the station si cu<br>ute program. U<br>our cable syste | ogramming<br>tions for furt<br>example, "I<br>censed by t<br>lentified).<br>se numeral:<br>m. List the f | of another<br>ther informa<br>Love Lucy<br>he FCC or<br>s, with the<br>times accu | station<br>ation.<br>' or<br>, in<br>month<br>rately |
|                              | stated as "6:00–6:30 p.m."<br>Column 7: Enter the lett<br>to delete under FCC rules a  | and regulation   | ns in effect d  | uring the accounting pe   | riod; enter the  | letter "P" if t  | he listed p   |  |
|                              | Column 7: Enter the lett   | and regulation   | ns in effect d  | uring the accounting pe   | riod; enter the<br>nder FCC rules  | letter "P" if t<br>s and regula  | he listed plations in   |  |
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|                              | Column 7: Enter the lett<br>to delete under FCC rules a<br>was substituted for program<br>effect on October 19, 1976   | and regulation<br>mming that you<br>UBSTITUTE<br>2. LIVE? 3.   | PROGRAM   | uring the accounting pe<br>as permitted to delete u   | riod; enter the<br>nder FCC rules<br>WHE<br>CARRI<br>5. MONTH  | letter "P" if t<br>s and regula<br>N SUBSTI<br>AGE OCCI  | TUTE<br>URRED   | 7. REASON FO   |
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|                              | Column 7: Enter the lett<br>to delete under FCC rules a<br>was substituted for program<br>effect on October 19, 1976   | and regulation<br>mming that you<br>UBSTITUTE<br>2. LIVE? 3.   | PROGRAM   | uring the accounting pe<br>as permitted to delete u   | riod; enter the<br>nder FCC rules<br>WHE<br>CARRI<br>5. MONTH  | letter "P" if t<br>s and regula<br>N SUBSTI<br>AGE OCCI  | TUTE<br>URRED   | 7. REASON FOL  |

| Accounting Period:                 | <b>2021/1</b> FORM SA1-2E.   | PAGE 6. |
|------------------------------------|--|---------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM  |         |
|                                    | CEQUEL COMMUNICATIONS LLC 03   | 31253   |
| K<br>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. |         |
|                                    |  |         |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• 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(<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(<br>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   | .00     |
|                                    | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2   |         |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)   |         |
|                                    | 1. Base amount under statutory formula \$ 263,800.00   |         |
|                                    | 2. Enter amount of gross receipts from space K \$ 157,722.11   |         |
|                                    | 3. Subtract line 2 from line 1   |         |
|                                    |  |         |
|                                    | 4. Enter the amount of gross receipts from space K \$ 157,722.11   |         |
|                                    | 5. Enter the amount from line 3  |         |
|                                    | 6. Subtract line 5 from line 4   |         |
|                                    | 7. Multiply line 6 by .005 (enter figure here)   | .22     |
|                                    | 8. Interest charge. Enter the amount from line 4, space Q, page 8  | .00     |
|                                    | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 258.  | .22     |
|                                    | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)   |         |
|                                    | 1. Enter the amount of gross receipts from space K   |         |
|                                    | 2. Base amount under statutory formula   |         |
|                                    | 3. Subtract line 2 from line 1   |         |
|                                    | 4. Multiply line 3 by .01  |         |
|                                    | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00  |         |
|                                    | 6. Interest charge. Enter the amount from line 4, space Q, page 8  |         |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  |         |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE  |         |
|                                    |  |         |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 258.22  |         |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00  |         |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 278.   | .22     |
|                                    | 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:<br>CEQUEL COMMUNICATIONS LLC   | SYSTEM ID#<br>031253                            |
| M<br>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   | 42<br>252                                       |
| <b>N</b><br>Individual to<br>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<br>Information                | Name     RODNEY HASKINS     Telephone       Address     3027 S SE LOOP 323  | (903) 579-3152                                  |
|   | (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)  |   |
|   | Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)   |   |
| O   | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or  X (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)]  K /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) | system as identified<br>mer of the cable system |
|   | Date: 7/22/2021   |   |

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

| AL NAME OF OW   | 021/1   | FORM SA1-2E. PAGE  |
|---|---|--|
|   | NER OF CABLE SYSTEM:  | SYSTEM I   |
| QUEL COMM   | UNICATIONS LLC  | 0312   |
| The Satellite He<br>lowing sentence<br>"In deter<br>service<br>scribers   | TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>e:<br>mining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P<br>Special Statemen<br>Concerning Gross<br>Receipts Exclusio |
|   | aper SA1-2 form.  |  |
| -   | ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions<br>te carriers to satellite dish owners?   |  |
|   | the total here and list the catallite carrier(c) below <b>¢</b>   |  |
| TES. Enter  | the total here and list the satellite carrier(s) below  |  |
| Name<br>Mailing Address   | Name       Mailing Address  |  |
|   |   |  |
|   | ASSESSMENT  |  |
| You must comp   | blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q  |
| Line 1 Enter tl   | ne amount of late payment or underpayment   | Interest Assessme  |
|   | x   |  |
| line O. Multinh   |   |  |
|   | / line 1 by the interest rate* and enter the sum here   |  |
|   | xdays   |  |
|   |   |  |
| Line 3 Multiply   | / line 2 by the number of days late and enter the sum here  |  |
| Line 3 Multiply   | / line 2 by the number of days late and enter the sum here  |  |
|   |   |  |
| Line 4 Multiply   | x 0.00274<br>/ line 3 by 0.00274** and enter here<br>= L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <b>\$</b> -  |  |
| Line 4 Multiply   | x 0.00274 x 0.00274 v line 3 by 0.00274** and enter here  |  |
| Line 4 Multiply<br>in space<br>* To view th   | x 0.00274<br>/ line 3 by 0.00274** and enter here<br>= L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <b>\$</b> -  |  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th   | x 0.00274** and enter here<br>= L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6   |  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a  | x 0.00274** and enter here<br>= L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6   |  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a<br>list below the o                      | x 0.00274<br>( line 3 by 0.00274** and enter here<br>( line 2, or block 2 line 8, or block 3 line 6   |  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a<br>list below the or<br>Owner            | x 0.00274<br>( line 3 by 0.00274** and enter here<br>( line 2, or block 2 line 8, or block 3 line 6   |  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a<br>list below the o                      | x 0.00274<br>( line 3 by 0.00274** and enter here<br>( line 2, or block 2 line 8, or block 3 line 6   |  |
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| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a<br>list below the or<br>Owner<br>Address | x 0.00274<br>( line 3 by 0.00274** and enter here<br>a L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6  |  |

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