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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			coplicsoa@copyright.gov
· · · · · · · · · · · · · · · · · · ·		0/00/04	\$	For additional information,
General instru	ictions are located	8/30/21		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		Devied 4 - January 4 June 20	Devied 2 - July 4 December 24	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021	Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:			
В	_		sidiary of another corporation, give the full of	corporate
	title of the subsidiary, not that of the particular	ent corporation.		
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	_		the last day of the accounting period should	d submit a
	single statement of account and royalty	fee payment covering the entire accour	nting period.	035342
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	000012
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEN	1	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	3027 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite TYLER, TX 75701	number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi		,	5
	names already appear in space B. In line	e 2, give the mailing address of th	he system, if different from the addre	ess given in space B
System				
	GRAYSON, KY	Λ:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code at	uthorizes the Copyright Offce to collect 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.

Number Network CBCQUEL COMMUNICATIONS LLC 0353- 2015 D Second The second secon	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First GRAYSON KY BOYD COUNTY KY CARTER COUNTY KY	Name	CEQUEL COMMUNICATIONS LLC	03534
Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN STATE GRAYSON KY BOYD COUNTY KY CARTER COUNTY KY	D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	ommunities within unincorporated areas and including single,
First GRAYSON KY Community BOYD COUNTY KY CARTER COUNTY KY		Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
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CARTER COUNTY KY			
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	d Rows as Necessary		
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	Т							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICAT	TIONS LLC							03534
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIB	ERS AND RA	ATES				
E	In General: The information in s			-		•			
<u> </u>	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						those exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble svstem	. broken	
scribers and	down by categories of secondar						•		
Rates	each category by counting the n		<i>,</i>	0,0			,	charged	
	separately for the particular serv					•	,		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	-			-		
	category, but do not include disc	• •	,		ny stanua		is within a		
	Block 1: In the left-hand block				ies of sec	ondary transmis	ssion 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						idel Selvi		
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that inclu	ide one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-hai	nd block. A tv	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	<u>```</u>	
	DLC	NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		594	34.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		37	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemice		•				
_	In General: Space F calls for ra	· · · · · ·				Il your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		-	• •			
	service for a single fee. There are	•			0				
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 b	lied. If any ra	ites are cr	larged on a vari	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable :	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the rate	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			on: Non-res	idential				
		17.00	Motel						
	• Pay cable		 Comr 	nercial					
	• Pay cable—add'l channel	19.00	_						
	Pay cable—add'l channel Fire protection		• Pay c		-				
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay c	able-add'l ch	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	19.00	• Pay c • Fire p	able-add'l ch rotection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	19.00 99.00	• Pay c • Fire p • Burgl	able-add'l ch rotection ar protection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	19.00	• Pay o • Fire p • Burgl Other se	able-add'l ch rotection ar protection rvices:	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	19.00 99.00	• Pay c • Fire p • Burgl Other se • Reco	able-add'l ch rotection ar protection rvices: nnect	annel	40.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	19.00 99.00	• Pay c • Fire p • Burgl Other se • Reco • Disco	able-add'l ch rotection ar protection rvices: nnect nnect	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	19.00 99.00	• Pay c • Fire p • Burgl Other se • Reco • Disco • Outle	able-add'l ch rotection ar protection rvices: nnect		40.00 25.00 99.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
ame	CEQUEL COMMUNIC	ATIONS LLC		035
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including t		
6		m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the		
mary mitters:		e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain st	ations carried on a
vision	Substitute Basis Stations	: With respect to any distant stations ca	rried by your cable system on a su	ubstitute program
		iles, regulations, or authorizations: e in space G—but do list it in space I (th	e Special Statement and Program	n Log)—if the
	station was carried <i>only</i> on	a substitute basis. also in space I, if the station was carried	both on a substitute basis and al	so on some other
	basis. For further informatio	n concerning substitute basis stations, s	see page (v) of the general instruc	ctions.
		n's call sign. <i>Do not</i> report origination pr I with a station according to its over-the-	-	-
	"WETA-2" as the same on t	5		
	of license. For example, W	RC is channel 4 in Washington, D.C.	C C	,
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	•	
	(for independent multicast),	"E" (for noncommercial educational), or	r "E-M" (for noncommercial educa	
		rms, see page (iv) of the general instruct n of each station. For U.S. stations, list t		n is licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	e community with which the statio	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCHS-1	0		
		8	N	CHARLESTON, WV
	WCHS-2	8.2	I-M	CHARLESTON, WV CHARLESTON, WV
as Necessary				
as Necessary	WCHS-2	8.2	I-M	CHARLESTON, WV
as Necessary	WCHS-2 WCHS-HD1	8.2 8	I-M N-M	CHARLESTON, WV CHARLESTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2	8.2 8 8.2	I-M N-M I-M	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1	8.2 8 8.2 38	I-M N-M I-M E	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1	8.2 8 8.2 38 27	I-M N-M I-M E	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1	8.2 8 8.2 38 27 29	I-M N-M I-M E N I	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1	8.2 8 8.2 38 27 29 29 29	I-M N-M I-M E N I I I I-M	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1	8.2 8 8.2 38 27 29 29 29 13	I-M N-M I-M E N I I I I-M N	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1	8.2 8 8.2 38 27 29 29 29 13 13 13	I-M N-M I-M E N I I I I-M N	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-1	8.2 8 8.2 38 27 29 29 13 13 13 30	I-M N-M I-M E N I I I-M N N N-M I	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-1 WQCW-2	8.2 8 8.2 38 27 29 29 13 13 13 30 30.2	I-M N-M I-M E N I I I-M N N-M I I I I I I I I I	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1	8.2 8 8.2 38 27 29 29 13 13 13 30 30.2 30	I-M N-M I-M E N I I I-M N N-M I I I I-M I-M	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1	8.2 8 8.2 38 27 29 29 13 13 13 30 30.2 30 3 3 3 3 3 3 3 3 3 3 3 3 3	I-M N-M I-M E N I I I I-M N N-M I I I I I M I N N	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-2 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3	8.2 8 8.2 38 27 29 29 13 13 13 30 30.2 30 30.2 30 3 3.2 3.3	I-M N-M I-M E N I I I-M N N-M I I I-M I M N-M N N-M N-M	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-3	8.2 8 8.2 38 27 29 29 13 13 13 30 30.2 30 30.2 30 3.2 3.3 3.2 3.3 3 3 3 3 3 3 3 3 3 3 3 3 3	I-M N-M I-M E N I I I-M I N-M I I I I-M I N N-M N N-M	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-1 WSAZ-3 WSAZ-HD1 WTSF-1	8.2 8 8.2 38 27 29 29 13 13 13 30 30.2 30 30.2 30 30.2 30 31 32 3.3 31 32 33 31 32 33 31 32 33 32 33 33 33 33 33 33 33	I-M N-M I-M E N N I I I-M N N-M I I I-M I M N N N N N N N N N N N N N N N N N	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-2 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-3 WSAZ-3 WSAZ-HD1 WTSF-1 WVAH-1	8.2 8 8 8.2 38 27 29 29 13 13 13 13 30 30.2 30 30.2 30 30 3 3.2 3.3 3.2 3.3 4 11	I-M N-M I-M E N N I I I I I M N-M I N N N N N N N N N N N N N N N N I	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV CHARLESTON, WV
as Necessary	WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-1 WSAZ-3 WSAZ-HD1 WTSF-1	8.2 8 8.2 38 27 29 29 13 13 13 30 30.2 30 30.2 30 30.2 30 31 32 3.3 31 32 33 31 32 33 31 32 33 32 33 33 33 33 33 33 33	I-M N-M I-M E N N I I I-M N N-M I I I-M I M N N N N N N N N N N N N N N N N N	CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV MOREHEAD, KY LEXINGTON, KY CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV

CEQUEL CO	MMUNICA	TIONS	LLC					0353
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) 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	
CALL OIGH		5,0				5,0		
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Name CEQUEL COMMUNICATIONS LLC 03534 I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOC OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please ad additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball". List specific program ("substitute for the programming of another station under certain FCC rules, sublis." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the nordacast station's location (the community to which the station is identified). Column 3: Give the month and day when yo		od: 2021/1						FOR	M SA1-2E. PAGE 5
I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Water If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program. "Functions for further information. Do not use general categories like "movies" or "baskteball: "List specific program" that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "baskteball: "List specific program lites, for example, "I Love Lucy" or "NBA Basketball: Tilt specific program. Tiles, for example, "I Love Lucy" or "NBA Basketball: "If the program was broadcast live, enter "Yes." Otherwise enter "No."	Name								SYSTEM ID#
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Accounting Period:	2021/1 FORM SA1-2E	E. PAGE 6.
Name		TEM ID#
Hame	CEQUEL COMMUNICATIONS LLC	035342
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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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	0.00
	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	
	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	
		95.10
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	95.10
	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) \$ 595.10	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 61	15.10
	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# 035342
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 on which the cable system carried television broadcast stations and nonbroadcast services	21 213
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)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) + I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Cowner 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) of the legal entity identified as ow in line 1 of space B. (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. (I & U.S.C., Section 1001(1986)) (I	system as identified 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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

AL NAME OF OWN		FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM II
QUEL COMM	UNICATIONS LLC	03534
The Satellite Ho lowing sentence "In deter service o 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: 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."	P Special Statement Concerning Gross Receipts Exclusion
	paper SA1-2 form.	
-	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	
INTEREST /	ASSESSMENT	
You must comp	olete 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
Line 1 Enter th	he amount of late payment or undernayment	Interest Assessme
Line 1 Enter th	he amount of late payment or underpayment	Interest Assessme
	x	Interest Assessme
	he amount of late payment or underpayment	Interest Assessme
	x	Interest Assessme
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessme
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Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an list below the ow Owner Address	y line 1 by the interest rate* and enter the sum here	Interest Assessme

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