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

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Beturn completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	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

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20211 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		ANSON, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	037128
D Area Served	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpu- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
First	CITY OR TOWN ANSON	TX
Community	JONES COUNTY (PORTION)	
	๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03712
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	v transmission s	envice of th	e cable	
_	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Rates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ry of service. I	nclude bo	th the amount o	the charg		
	unit in which it is generally billed				ny standai	rd rate variations	s within a p	articular rate	
	category, but do not include disc				an of ano	andon transmis	ion convio	a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	subscriber in	each appl	licable category.	Example:	a residential	
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted o					convice that are	difforant fr	om thoso	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		Ū			•			
	BLC	OCK 1 NO. OF	- T				BLOCK	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		104	34.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		6	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemiee						
_	In General: Space F calls for rat					l vour cable svst	em's servi	ces that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually i	nieu. Il arty la		larged on a varia	ible hei-hi	byrain basis,	
Fransmissions:	Block 1: Give the standard rat		he cable	system for each	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which as	• •			hed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	buon and includ	le trie ra	e for each.			1		
		BLO			#0 5		0.175.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER\ tion: Non-resi		RATE	CATEGO	DRY OF SERVICE	RATE
	• Pay cable	17.00		el, hotel	uentiai				
	• Pay cable—add'l channel	19.00		nmercial					
	Fay cable—add i channel Fire protection	19.00	-	cable					
			,	cable-add'l ch	annol				
	•Burglar protection Installation: Residential		,	protection					
	First set	99.00		protection					
	Additional set(s)	25.00		ervices:					
	• FM radio (if separate rate)	20.00		onnect		40.00			
				onnect		40.00			
	Converter								•
	Converter					25.00			
	• Converter		• Out	et relocation e to new addre		25.00 99.00			

counting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name				SYSTEM ID# 037128
	CEQUEL COMMUNIC			057120
G Primary insmitters: elevision	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr. • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channa of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KIDZ-1	42	Ι	ABILENE, TX
	KPCB-1	17	I	SNYDER, TX
ecessary	KRBC-1	9	N	ABILENE, TX
	KRMA-1	6	E	DENVER, CO
	KTAB-1	32	Ν	ABILENE, TX
	KTXS-1	12	N	SWEETWATER, TX
	KTXS-2	12.2	I-M	SWEETWATER, TX
	KXVA-1	15	I	ABILENE, TX

EGAL NAME OF									SYSTEM II 0371
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which th the community with which th	at e sy n th sse	the system's he ystem's FM ante is point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	ANA 514	0/5				AN4 514	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
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Accounting Perio	od: 2021/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					037128
	SUBSTITUTE CARRIAGI				2			
1	In General: In space I, identi	-	-			on that your	and a vota	m corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televis	ion program	ı
Statement and	broadcast by a distant star	-			•		YES	× NO
Program Log	,			- hlanda l f anna an ann a' f	X		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations v	wherever nos	eible if their	meaning is	
	clear. If you need more spa				wherever pos		meaning is	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.			toali. List speelile program			C Lucy OI	
				"Yes." Otherwise enter "N				
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."		·	-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sh	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	IMES – TO	DELETION
						-	_	
							_	
						-		
							_	
							_	
							_	
						-	_	
						-	-	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 037128
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,350.07 is receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 Line 1. Royalty fee for accounting period		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the empirit of group requires from energy 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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037128
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	8 56
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name RODNEY HASKINS	(903) 579-3152
Information	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
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.) (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 system 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 owner 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)] 	stem as identified
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING	
	(Title of official position held in corporation or partnership) Date: 7/22/2021	

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ounting Period: 2021/1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0371
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syste scribers and amounts collected from subscribers receiving secondary transmissions purse For more information on when to exclude these amounts, see the note on page (vii) of the gene located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for semade by satellite carriers to satellite dish owners?	system for the basic em shall not include sub- suant to section 119." ral instructions	P Special Statemen Concerning Gros Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late pay		
For an explanation of interest assessment, see page (viii) of the general instructions located in t		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in t		Q Interest Assessme
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	x days x 0.00274	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	xdays x 0.00274	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in t Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme

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