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			-
	ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
-	uctions are located	8/30/21	\$	For additional information, contact the U.S. Copyright
	of this workbook		ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
			ALLOCATION NOMBER	_
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021/1	<u> </u>	·	
		7		
	2021:	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period		_		
	Instructions:			
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the	e accounting period, only the owner or	n the last day of the accounting period shoul	d submit a
	single statement of account and royalty	fee payment covering the entire accou	nting period.	
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	038624
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	Λ	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	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 names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1 OK STATE REFORMATOR	YORM		
	MAILING ADDRESS OF CABLE SYSTEM	1:		
	2 (Number, street, rural route, apartment, or suite r	number)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes 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:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	038624
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN GRANITE	OK
Community	(OK STATE REFORM)	
N		
ws as Necessary		
	ากการสามารถสามสามารถสามสามารถสามสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถส	

	T							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICA	FIONS LLC							03862
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
Ε	In General: The information in s	•		-		•			
	system, that is, the retransmission								
Secondary Fransmission	about other services (including plast day of the accounting period	• • •			-		those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	•					,	,	
Rates	each category by counting the n			•••				s charged	
	separately for the particular serv					•	,	we and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc						5 within a		
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	0			· · ·	service that are	different	from those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1			I		BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscri	ber) info	ormation with re	espect to a	ll your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			U		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,					- 3,	
Transmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description				isned. List	these other ser	vices in th	e form of a	
		BLO RATE		GORY OF SER	VICE	RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
		NATE		ation: Non-res		NATE	CATEG	ORT OF SERVICE	NATE
	CATEGORY OF SERVICE				acintia				
	Continuing Services:	_		tel hotel					J
	Continuing Services: • Pay cable		• Mo	tel, hotel mmercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mo • Coi	mmercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mo • Cor • Pay	mmercial / cable	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mo • Cor • Pay • Pay	mmercial / cable / cable-add'l ch	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Mo • Cor • Pay • Pay • Fire	mmercial / cable / cable-add'l ch e protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		• Mo • Cor • Pay • Pay • Fire • Bur	mmercial / cable / cable-add'l ch e protection rglar protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mo • Col • Pay • Pay • Fire • Bur Other \$	mmercial y cable y cable-add'l ch protection glar protection services:					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Mo • Col • Pay • Pay • Fire • Bur • Bur • Ree	mmercial y cable y cable-add'l ch protection rglar protection services: connect		· · · · · · · · · · · · · · · · · · ·			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mo • Col • Pay • Pay • Fire • Bur • Bur • Red • Dis	mmercial y cable y cable-add'l ch protection rglar protection services: connect connect		· · · · · · · · · · · · · · · · · · ·			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Mo • Col • Pay • Pay • Fire • Bur • Bur • Red • Dis • Out	mmercial y cable y cable-add'l ch protection rglar protection services: connect		· · · · · · · · · · · · · · · · · · ·			

-	2021/1			FORM SA1-2	E. PAGE
lame	LEGAL NAME OF OWNER OF				FEM ID
	CEQUEL COMMUNIC				03862
G rimary smitters: evision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	TELEVISION entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca- les, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network is ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a si- ne Special Statement and Program d both on a substitute basis and al see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form.	television stations) t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each poort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast).	<u>J3862</u>
	Column 4: Give the location	n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	the community to which the statio		
	KAUT-1	43	I	OKLAHOMA CITY, OK	
	KETA-1	13	E	OKLAHOMA CITY, OK	
as Necessary	KFOR-1	4	Ν	OKLAHMA CITY, OK	
		34	I		
	KOCB-1	34		OKLAHOMA CITY, OK	
	KOCO-1	5	N	OKLAHOMA CITY, OK	
			N I		
	KOCO-1	5	I	OKLAHOMA CITY, OK	
	КОСО-1 КОКН-1	5 25		OKLAHOMA CITY, OK OKLAHOMA CITY, OK	
	КОСО-1 КОКН-1 КОРХ-1	5 25 62	I 1 1	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1	5 25 62 52		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	
	KOCO-1 KOKH-1 KOPX-1 KSBI-1 KTUZ-1 KUOK-1	5 25 62 52 30 35		OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK WOODWARD, OK	

CEQUEL CO	OWNER OF COMMUNICA							SYSTEM I 0386
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	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 C stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par this point, see par this point, see par this point, see part the station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		6/D				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					
						1		

Name									SA1-2E. PAGE 5
NULLE	LEGAL NAME OF OWNER OF								SYSTEM ID# 038624
	SUBSTITUTE CARRIAG				G				
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every noi accounting p	nnetwork televi eriod, under sp	<i>ision program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, o	r author	rizations	s. For a further
Carriage:	1. SPECIAL STATEMEN				ne general inc				
Special	During the accounting pe				sis. anv nonr	etwork te	levision	n progra	am
Statement and Program Log	broadcast by a distant sta	•	,		, ,			· •	× NO
r rogram zog	Note: If your answer is "No		rest of this na	age blank. If your answer is	s "Ves " vou r	nust com			
	log in block 2.				5 103, you1	nust com		c progr	am
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	e of every not a distant stat egulations, of ries like "mo . Bulls." m was broa sign of the adcast statii nadian statii nadian statii nth and day ive "5/7." nes when thi . Example: a ter "R" if the and regulatii mming that	ponnetwork tele tion and that y por authorizatio povies" or "bask dcast live, ent station broadc on's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c	vision program ("substitute our cable system substitut ns. See page (v) of the ge tetball." List specific progra er "Yes." Otherwise enter " casting the substitute progra- the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for prog- luring the accounting period	ted for the pro neral instruct am titles, for e "No." e station is lid e program. Us r cable system 1:15 p.m. to 6 ramming that bd; enter the l	ogrammin ions for fu example, " censed by entified). se numera n. List the :28:30 p.r your syst etter "P" if	g of and rther inf I Love I the FC als, with a times a n. shoul rem was f the list	other st formati Lucy" o C or, ir n the mo accurat Id be s <i>requir</i> ted prog	ation on. r onth tely red
	effect on October 19, 1976		E PROGRAM	1		N SUBST			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S			A(i = ()(:(7. REASON FOR
					5. MONTH		TIMES		7. REASON FOF DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION			TIMES	то	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES		7. REASON FOF DELETION
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES		
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES		

Accounting Period:	2021/1	FORM SA1-2E. PAGE 6
Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	038624
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmise (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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, se
_	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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	63,80(
	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 accounting period is \$52.00	s six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	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	\$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100))
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	00)
	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	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 038624
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	11 15
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	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 (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 in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	system as identified /ner of the cable system
	(Title of official position held in corporation or partnership) Date: 7/22/2021	

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

	2021/1	FORM SA1-2E. PAGE
L NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMM	UNICATIONS LLC	03862
The Satellite Ho lowing sentence "In deter service of scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: 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 te carriers to satellite dish owners?	
YES. Enter	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST A	ASSESSMENT	
	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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