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	=NT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste General instru in the first tab	ctions	are located	8/30/21	\$ ALLOCATION NUMBER	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: ()	'YYY/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20211	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the title of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	corporate
Owner		List any other name or names under whic	h the owner conducts the business o	the cable system.	
		If there were different owners during the single statement of account and royalty for		n the last day of the accounting period should nting period.	d submit a
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	040651
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	Λ	
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Т)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite n	imber)		
		TYLER, TX 75701 (City, town, state, zip)			
С				entify the business and operation of t	
System	name	s already appear in space B. In line	2, give the mailing address of t	he system, if different from the addre	ss given in space B
System	1	BLACKBURN CORRECTIO	NAL FACILITY		
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 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	040651
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known lgs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or me identified city.	obile home parks should be reported in parentheses below the
		07475
First	CITY OR TOWN LEXINGTON	STATE KY
Community	(BLACKBURN CORR)	
ows as Necessary		
	ากการการการการการการการการการการการการกา	

	T							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICAT	FIONS LLC							04065
F	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmission					,			
Secondary Transmission	about other services (including plast day of the accounting period						liose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n			0,0			,	charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	be and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	der "Servi	ce to the	
	first set" and would be counted o	0			()		different f	no no the ope	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		Ŭ		_	•			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:				0, (1)			0000011002110	
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		61	42.41					
	Converter								
	Residential								
	Non-residential								
					-				•
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					all vour cable sv	stem's serv	rices that were	
F	not covered in space E, that is, t		,		-	• •			
	service for a single fee. There are	•			0				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	Dilleu. II arry i	ales ale ci	narged on a van	able pei-pi	logiani basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t				••			
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description				ished. List	these other ser	vices in the	e form of a	
							T		
								BLOCK 2	
		BLO				PATE	CATEGO		D ATE
	CATEGORY OF SERVICE	BLO RATE	CATE	GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATE(GORY OF SER ation: Non-res tel, hotel		RATE	CATEGO		RATE
	Continuing Services: • Pay cable		CATEC	ation: Non-res		RATE	CATEGO		RATE
	Continuing Services:		CATEC Install • Mo • Co	ation: Non-res tel, hotel		RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEC Install • Mo • Co • Pa	ation: Non-res tel, hotel mmercial	sidential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEC Install • Mo • Co • Pa • Pa	ation: Non-res tel, hotel mmercial y cable	sidential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEC Install • Mo • Co • Pa • Pa • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	sidential nannel	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		CATEC Install • Mo • Co • Pa • Pa • Fire • But	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	sidential nannel	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		CATEC Install • Mo • Co • Pa • Pa • Fire • Bui Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior	sidential nannel	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEC Install • Mo • Co • Pa • Fire • Bu • Bu • Bu • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services:	sidential nannel	RATE	CATEGO		RATE
	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)		CATEC Install • Mo • Co • Pa • Fire • Bui Other • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	sidential nannel	RATE	CATEGO		RATI

counting Period:	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		040651
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	n during the accounting period, except n effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76.0 s explained in the next paragraph.	translator stations and low power tele t (1) stations carried only on a part-tin he carriage of certain network program $\delta 1(e)(2)$ and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a
Felevision	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis.	arried by your cable system on a subs he Special Statement and Program Lo	pg)—if the
	basis. For further informatio Column 1: List each station multicast stream associated	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each
	of license. For example, WI Column 3: Indicate in each	I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network	evision station for broadcasting over th station, an independent station, or a r	oncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	(for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	nal multicast). licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	Ν	LEXINGTON, KY
as Necessary	WLEX-1	18	N	LEXINGTON, KY
icessal y	WTVQ-1	36	N	LEXINGTON, KY

	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) n the basis of a or detailed info aper 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 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 pyright Office regulations on each station carried. In is AM or FM. hal was electronically proces mark in the "S/D" column. on (the community to which the the community with which the	at sse the	the system's he ystem's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitter: Radio
CALL SIGN		e/n		Т		AM or FM	e/n		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	╉	CALL SIGN	AIM OF FM	S/D	LOCATION OF STATION	
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Accounting Perio							101	M SA1-2E. PAGE 5
Namo	LEGAL NAME OF OWNER OF							8YSTEM ID# 040651
	SUBSTITUTE CARRIAG				06			
I	In General: In space I, ident substitute basis during the a explanation of the programm	tify every nonr	network televi eriod, under sp	<i>sion program,</i> broadcast lecific present and former	oy a <i>distant</i> sta FCC rules, reg	ulations, or	authorizatio	ons. For a further
• •	1. SPECIAL STATEMEN				are general in		and puper	
Special	During the accounting per				asis, any nonr	network tele	vision pro	gram
Statement and Program Log	broadcast by a distant sta						YES	× NO
• •	Note: If your answer is "No	o" leave the r	rest of this na	ge blank. If your answer	is "Yes " vou r	– nust.compl	-	
	log in block 2.			go slank in your anower		nuot oompi		gram
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the time to the nearest five minutes.	e of every non a distant static egulations, or ries like "mov . Bulls." m was broadd sign of the si adcast station nadian station nth and day v ive "5/7." nes when the . Example: a	nnetwork tele ion and that y r authorization vies" or "bask least live, ente station broade on's location (f ns, if any, the when your sy substitute pro-	vision program ("substitu our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute pro- the community to which t community with which t stem carried the substitut ogram was carried by yo	uted for the pro- eneral instruct ram titles, for e "No." gram. he station is lid he station is id te program. Us ur cable system	ogramming ions for furl example, "I censed by t entified). se numeral m. List the f	of another her inform Love Lucy he FCC or s, with the times accu	station ation. " or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the li and regulatio mming that yo	ons in effect d	uring the accounting per	iod; enter the I	etter "P" if t	he listed p	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatio mming that yo b.	ons in effect d our system w	uring the accounting per as permitted to delete ur	iod; enter the l ider FCC rules	etter "P" if t and regula	he listed p ations in	rogram
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatio mming that yo b. UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete ur	iod; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if t and regula N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	rogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatio mming that yo b. UBSTITUTE 2. LIVE? 3	ons in effect d our system w	uring the accounting per as permitted to delete ur	iod; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if t and regula N SUBSTI AGE OCC	he listed p ations in TUTE URRED	7. REASON FOR
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatio mming that yo b. UBSTITUTE 2. LIVE? 3	E PROGRAM	uring the accounting per as permitted to delete ur	iod; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if t and regula N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FOR
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatio mming that yo b. UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete ur	iod; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if t and regula N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FOR
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Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC 040651
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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$ 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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Name CEQUEL COMMUNICATIONS LLC 040 M CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to be associated, and (2) the cable system is total number of advected channels on which the cable system carried television broadcast stations and runther of advected channels on which the cable system carried television broadcast stations and must of advected channels on which the cable system carried television broadcast stations and must of advected channels on which the cable system carried television broadcast stations and must needed stations. 4 2. Enter the total number of channels on order television broadcast stations and must needed belowision broadcast stations and must needed stations. 38 N we den contract doal to advected channels on which the cable system carried television broadcast stations and must needed stations. 38 N we den contract doal of advected channels on which the cable system carried television broadcast stations and must needed stations. 38 N we den contract doal docont.) Best of the statement of advected channels. 38 Name RODNEY HASKINS Telephone (903) 579-3152 10 Address 30275 SE LOOP 323 30275 SE LOOP 323 30275 SE LOOP 323 10 10 10 10 10 10 10 10 10 10	Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of advanced on which the cable system carried leteroidan broadcast stations to be subcontenes, and (2) the cable system is bud number of advanced dummes during the accounting period. 1. Enter the total number of advanced on which the cable system carried leteroidants. 4 2. Enter the total number of advanced dummes during the accounting period. 36 N advanced dummes on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carried leteroidant broadcast stations on which the cable system carriedant broadcast stations on the cable system	Name		SYSTEM ID# 040651
Individual to Be Contacted for Further Information Name RODNEY HASKINS Telephone (903) 579-3152 Address 3027 S SE LOOP 323 Tolumber, stretch and noise, spectromet, or and number (Cay, town state, spectromet, or and number) Treatment, spectromet, or and number) TUERT, TX 5701 Treatment of account must be certified and signed in accordance with Copyright Office regulations) O Certification Fax (optional) • 1 the undersigned, hereby certify that (Check one, bud only one, of the boxes.) • 1 the undersigned, hereby certify that (Check one, bud only one, of the boxes.) • 0 • 1 the undersigned, hereby certify that (Check one, bud only one, of the boxes.) • 1 the undersigned, hereby certify that (Check one, bud only one, of the boxes.) • 0 • 1 the undersigned, hereby certify that (Check one, bud only one, of the boxes.) • 0 • 1 the undersigned, hereby certify that (Check one, bud only one partnership) 1 am the duly authorized agent of the could system as identified in line 1 of space B and that the owner is not a coporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 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 belef, and are made in good faith. (18 U.S.C. Section 100(1996)) There an electronic signature on the line above to certify this statement. ther		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	
Information Address 3027 S SE LOOP 323 (Universe, street, unit route, squartment, or state number): 	Individual to Be Contacted	we can contact about this statement of account.)	
(City, town state, zp) 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) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Comparison of partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified 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 (I a corporation) or a partnership) of the legal entity identified as owner of the cable system in line I of space B. Image: Imag		Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	(903) 579-3152
O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)		(City, town, state, zip)	
(Title of official position held in corporation or partnership) Date: 7/22/2021	-	 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 a partnership) of the legal entity identified as our 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 our 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 hereid 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)] Marce X / s/ Alan Dannenbaum There 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 wner of the cable system

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
NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMM	UNICATIONS LLC	0406
The Satellite H lowing sentence "In dete service scribers For more inforr located in the p During the account	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- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form. ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statemen Concerning Gross Receipts Exclusio
made by satelli	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	
-	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	0
	1001 of interest assessment, see page (viii) of the general instructions located in the paper SAT-2 lotting	S.
	he amount of late payment or underpayment	A Interest Assessme
Line 1 Enter t		Service Assessme
Line 1 Enter t	he amount of late payment or underpayment	₩ Interest Assessme
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Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	he amount of late payment or underpayment	v
Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	he amount of late payment or underpayment	X
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Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o	he amount of late payment or underpayment	v
Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o Owner Address	he amount of late payment or underpayment	K

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 th 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.