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:		
	ry Transmissions by	DATE RECEIVED	AMOUNT			
General instru	ms (Short Form) ctions are located of this workbook	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	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'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						
	Instructions:					
В	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 (corporate		
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.			
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should nting period.			
	Check here if this is the system's first filing	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	040661		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	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 no	umber)				
	TYLER, TX 75701 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line					
System	IDENTIFICATION OF CABLE SYSTEM:	, , , , , , , , , , , , , , , , , , , ,	,	5		
	1 WEST KENTUCKY COMPL	EX				
	MAILING ADDRESS OF CABLE SYSTEM					
	2 (Number, street, rural route, apartment, or suite no	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	040661
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing:	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known i.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mot identified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	EDDYVILLE	KY
Community	(WEST KY COMPLEX)	
ows as Necessary		
	ากรายการแก่งการการการการการการการการการการการการการก	

	· · · · · · · · · · · · · · · · · · ·						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					
	CEQUEL COMMUNICAT	FIONS LLC						04066
-	SECONDARY TRANSMISSION	I SERVICE: S	JBSCRIBERS	AND RATES				
E	In General: The information in s	•	-		•			
Coordon	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period						ang on the	
Service: Sub-	Number of Subscribers: Both	`	,	,	,	ble system	ı, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n		0 0			,	s charged	
	separately for the particular serv Rate: Give the standard rate c				•	,	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					nder "Servi	ce to the	
	first set" and would be counted o	0		()			41	
	Block 2: If your cable system printed in block 1 (for example, t	-		•				
	with the number of subscribers a					,.		
	sufficient.		0		•			
	BLC	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB			EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:							
	Service to first set		0	-				
	 Service to additional set(s) 		0	0				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		72 4	12.41				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC In General: Space F calls for rate	· · · · · ·			all your cable sys	tom's son	vices that were	
F	not covered in space E, that is, t		,	•	• •			
	service for a single fee. There ar				,	,		
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 billed.	f any rates are o	charged on a vari	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		the cable syster	n for each of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •		-				
	listed in block 1 and for which a	vices in the	e form of a					
	brief (two- or three-word) descrip	otion and inclu	de the rate for e	ach.		1		
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY C		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			on-residential				
	Pay cable Pay cable—add'l channel	-	 Motel, hote Commercia 					
	Fire protection	-	Pay cable	A1				
	Burglar protection		· · · · ·	add'l channel				
	Installation: Residential		• Fire protec					
	First set	_	Burglar pro					
		-	Other service					
	 Additional set(s) FM radio (if separate rate) 		 Reconnect 		-			
	FM radio (if separate rate) Converter		Reconnect Disconnect		-			
	• FM radio (if separate rate)			I				
	• FM radio (if separate rate)		Disconnect	cation				

nting Period: 2				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			040661
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station	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	(1) stations carried only on a part- ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the Special Statement and Program d both on a substitute basis and also see page (v) of the general instructor program services such as HBO, ES	-time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other stions. iPN, etc. Identify each
	Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. a case whether the station is a network s ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru of each station. For U.S. stations, list dian stations, if any, give the name of th	station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station he community with which the station	a noncommercial bendent), "I-M" tional multicast). n is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI-1	23	1	CAPE GIRARDEAU, MO
	NB01-1			
	KFVS-1	12	Ν	CAPE GIRARDEAU, MO
ws as Necessary		12 49	N 	
s as Necessary	KFVS-1			CAPE GIRARDEAU, MO
as Necessary	KFVS-1 WDKA-1	49	l	CAPE GIRARDEAU, MO PADUCAH, KY
s Necessary	KFVS-1 WDKA-1 WKPD-1	49 29	l E	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY
as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6	I E N	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY
is Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
ıs Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
is Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
; as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
vs as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
vs as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
/s as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
ws as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
ws as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
ws as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
ows as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
ows as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
ows as Necessary	KFVS-1 WDKA-1 WKPD-1 WPSD-1 KFVS(WQWQ)-2	49 29 6 12.2	 E N 	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY

CEQUEL CO	MMUNICA	TIONS	LLC						0400
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cat						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 m. 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. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	ati sy th se	the system's he rstem's FM ante is point, see pag d by the cable s station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se wed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
0411 0151		<i>c =</i>		ŢΤ	0.411 0.5.1		<i>c.</i> /=		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	╢	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	d: 2021/1						F	ORM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 040661		
	SUBSTITUTE CARRIAG		AI STATEME	NT AND PROGRAM LO)G					
I	In General: In space I, ident substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi period, under sp	<i>ision program,</i> broadcast by becific present and former F	/ a <i>distant</i> sta CC rules, reg	ulations, o	r authoriza	ations. For a further		
	1. SPECIAL STATEMEN				general in		ii iio pape			
Special	 During the accounting per 				isis, any nonr	network te	levision p	rogram		
Statement and Program Log	broadcast by a distant station?									
••••	Note: If your answer is "No	o" leave the	e rest of this pa	age blank. If your answer is	s "Yes " vou r	nust comr				
	log in block 2.	,	· · · · · · · · · · · · · · · · · · ·		, ,		···· F			
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor 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 a was substituted for program	of every no a distant stat egulations, i ries like "ma . Bulls." m was broa sign of the adcast stati nadian stati nth and day ve "5/7." ees when th . Example: ter "R" if the and regulat nming that	connetwork tele tion and that y or authorizatio povies" or "bask adcast live, ent station broadc ion'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 terball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0" m was substituted for prog luring the accounting period	ted for the pro neral instruct am titles, for e "No." e station is lit e station is lit e program. Us r cable system l:15 p.m. to 6 ramming that od; enter the l	ogrammin ions for fu example, " censed by entified). se numera m. List the :28:30 p.r : your syst etter "P" if	g of anoth rther infor I Love Lud the FCC als, with th times acc n. should em was <i>r</i> e the listed	ner station mation. cy" or or, in ne month curately be equired		
·			E PROGRAM	effect on October 19, 1976.						
	0			1		N SUBST		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OCO	URRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION		

Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Hame	CEQUEL COMMUNICATIONS LLC 040661
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
	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.

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040661
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 and nonbroadcast services	6 38
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	(903) 579-3152
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] X /s/ Alan Dannenbaum 	system as identified /ner of the cable system
	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	

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

NAME OF OW	2021/1	FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMM	UNICATIONS LLC	04066
The Satellite H lowing sentence "In dete service scribers For more inforr located in the p During the account	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- be: immining 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 ite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
X NO		
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
You must com	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.	Q
		Interest Assessme
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessme
	the amount of late payment or underpayment	Interest Assessmen
	x	Interest Assessmen
Line 2 Multipl	y line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multipl	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 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 th NOTE: If you a list below the o Owner Address	y line 1 by the interest rate* and enter the sum here	Interest Assessme
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	y line 1 by the interest rate* and enter the sum here	Interest Assessme

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