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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	_
	ems (Short Form)			coplicsoa@copyright.gov
-	ictions 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
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		· · · · · · · · · · · ·	
		-		
	2021:	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting		1		
Period				
	Instructions:			
В	Give the full legal name of the owner of the title of the subsidiary, not that of the particular title		osidiary of another corporation, give the full of	corporate
	the of the subsidiary, not that of the par			
Owner	List any other name or names under whi	ch the owner conducts the business of	f the cable system.	
	-		n the last day of the accounting period should	d submit a
	single statement of account and royalty	fee payment covering the entire accou	inting period.	061701
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	001/01
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	М	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	IT)	
	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)			
	INSTRUCTIONS: In line 1, give any busi	ness or trade names used to ide	entify the business and operation of t	he system unless these
С	names already appear in space B. In line	e 2, give the mailing address of t	he system, if different from the addre	ess given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	KENTUCKY STATE REFOR			
	MAILING ADDRESS OF CABLE SYSTEM	Λ:		
	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	Ithorizes the Convright Offce to collect the	ne personally identifying information (PII) reque	ested on this

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	061701
D	Instructions: List each separate community served by the cable system. A "come "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
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	
		07475
First	CITY OR TOWN LAGRANGE	STATE KY
Community	(KENTUCKY STATE REF)	
Rows as Necessary		

								FORM SA1-	-
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICA	FIONS LLC							06170 <sup>-</sup>
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCF	RIBERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission	on of television	and ra	adio broadcasts	by your sy	/stem to subscri	bers. Give	information	
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						inose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot	·				,	ble system	, broken	
scribers and	down by categories of secondar	,							
Rates	each category by counting the n							charged	
	separately for the particular server <b>Rate:</b> Give the standard rate of					•	,	ne 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. <b>Not</b>								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additio	nal sets would l	be include	d in the count ur	nder "Servi	ce to the	
	first set" and would be counted o								
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,		, 0	
	sufficient.	,	5			•			
	BLO	DCK 1					BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBOCIVID			U/LI		WICE	SOBSCIUDEIUS	
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		65	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t	•	,						
-	service for a single fee. There a								
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur		usuall	y billed. If any r	ates are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cah	le system for e	ach of the	annlicable servi	cas listad		
Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and inclu	de the	rate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Instal	lation: Non-res	idential				
	• Pay cable	-	• Mo	otel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	ommercial					
	Fire protection			y cable					
	<ul> <li>Burglar protection</li> </ul>			iy cable-add'l cl	nannel				
	Installation: Residential			e protection					
	First set	-		Irglar protection					
	Additional act/a)	-	Other	services:					
	Additional set(s)								
	• FM radio (if separate rate)			econnect		-			
	.,		• Dis	sconnect		-			
	• FM radio (if separate rate)		• Dis			-			

	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			06170
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> 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 <b>Column 1</b> : List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channel of license. For example, W <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location	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 is explained in the next paragraph. :: With respect to any distant stations ca ules, 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	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAVE-1	3	N	LOUISVILLE, KY
	WDRB-1	41	I	LOUISVILLE, KY
			-	
: Necessary	WHAS-1	11	Ν	LOUISVILLE, KY
Necessary	WHAS-1 WKMJ-1	11 68	N	
cessary				LOUISVILLE, KY
Vecessary	WKMJ-1	68	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY
ecessary	WKMJ-1 WKPC-1	68 15 32	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY
Necessary	WKMJ-1 WKPC-1 WLKY-1	68 15	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
: Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
IS Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
as Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
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s as Necessary	WKMJ-1 WKPC-1 WLKY-1 WMYO-1	68 15 32 58	E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN

EGAL NAME OI								SYSTEM 0617
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. dentify the call tate whether t the radio stat this by placing sive the station	rning AI y the sys be recei t the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem 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	Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	egulations, an adend, and (2 mna, during c ge (v) of the g ystem as a se sed by the FC	FM sign () it can l ertain st eneral ir eparate a	nal is generally be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	8/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
			·					
						T		

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID
Name								06170 <sup>-</sup>
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM L	OG			
	In General: In space I, ident							
Substituto	substitute basis during the a explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				the general in	31100101131		071-2101111.
Special	During the accounting pe	-			asis, any non	network te	levision pro	gram
Statement and Program Log	broadcast by a distant sta	-	,				YES	× NO
	Note: If your answer is "No	o", leave the re	est of this pa	ge blank. If your answer	is "Yes," you	must comp	plete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUT							
	clear. If you need more spa <b>Column 1:</b> Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the brow the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 git <b>Column 6:</b> State the time to the nearest five minutes	e of every nonr a distant statio egulations, or a ries like "movi . Bulls." m was broadc sign of the sta adcast station nadian station nth and day w ive "5/7."	network telev on and that ye authorization ies" or "bask cast live, enter cation broadco n's location (t us, if any, the yhen your system substitute pro-	vision program ("substitu our cable system substitu ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente asting the substitute pro the community to which t scommunity with which t stem carried the substitu ogram was carried by yc	uted for the pr eneral instruc ram titles, for r "No." gram. the station is li he station is ic te program. U ur cable syste	ogrammin tions for fu example, " censed by lentified). se numera m. List the	g of anothe rther inform I Love Lucy the FCC or als, with the times accu	r station nation. " or r, in month urately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the lis and regulation mming that yo	isted progran ns in effect d	n was substituted for pro uring the accounting per	· gramming tha iod; enter the	letter "P" if	the listed p	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b.	isted progran ns in effect d our system w	n was substituted for pro uring the accounting per as permitted to delete un	gramming tha iod; enter the ider FCC rules	letter "P" if s and regu N SUBST	the listed p lations in	program
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Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	CEQUEL COMMUNICATIONS LLC	061701
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 transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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 nount, se
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 \$26	53,80(
	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 accounting period is \$52.00	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 \$ 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 \$527,60	0)
	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) \$	,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	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# 061701
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	8
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)]         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	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 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.

ounting Period: 2	2021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMM	UNICATIONS LLC	06170
The Satellite Ho lowing sentence "In deter service of scribers	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 Statemen Concerning Gross Receipts Exclusio
	nation 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 te carriers to satellite dish owners?	
	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name       Mailing Address	
INTEREST A	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viji) of the general instructions located in the paper SA1-2 form.	Q
For an explanat	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 Interest Assessme
For an explanat	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>Q</b> Interest Assessme
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