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.

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## SA1-2E Short Form

Return completed workbook

for Secondary Transmissions by Cable Systems (Short Form)       Date RECEIVED       AMOUNT       collicSol@:convisitut.acv Provide Stational Monatory. Provide Stational Monatory.         General instructions are located in the first tab of this workbook       8/30/21       \$       ALLOCATION NUMBER         A       ALCOCATION NUMBER       30/30/21       \$       Provide Stational Monatory. Provide Literatory Davidor at: Tel: (201707-9150         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       2023/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         2023/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31       2023/1         2023/1       Period 2 = July 1 - December 31       2023/1       Berood 2 = July 1 - December 31         2023/1       Period 2 = July 1 - December 31       2023/1       Berood 2 = July 1 - December 31         2023/1       Period 2 = July 1 - December 31       2023/1       Berood 2 = July 1 - December 31         000000000000000000000000000000000000	STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
Cable Systems (Short Form)       Image: Control of the c			DATE RECEIVED	AMOUNT	
A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       Tet: (202) 707-9150         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	Cable Syste	ems (Short Form)	8/20/04	\$	For additional information,
A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))         2021/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         2021/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         2021/1       Period 2 = July 1 - December 31         2021/1       Period 2 = July 1 - December 31         2021/1       Period 2 = July 1 - December 31         2021/1       Period 2 = July 1 - December 31         2021/1       Exercode Data Filing Period (optional - see instructions)         Accounting       Period 2 = July 1 - December 31         2021/1       Exercode Data Filing Period (optional - see instructions)         Accounting       Period 2 = July 1 - December 31         Check the full legal name of the owner of the cable system.       If there were different owners during the during councing the owner on the last day of the accounting period should submit a single statement of account and rowners funct filing. If not, enter the system's ID number assigned by the Leaning Division.         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Leaning Division.       Distance         LEGAL NAME OF OWNERMALLING ADDRESS OF CABLE SYSTEM       Distance       Distance         3027 Steet LooDD 323       Multice Address System OF CABLE SYSTEM       Distance         3027 Steet LooDD 323       Multing Address of CABLE SYSTEM<	-		8/30/21		
Accounting Period       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         J_2021/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         B       J_2021/2       Barcode Data Filing Period (optional - see instructions)         B       Instructions: Give the full legit near of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Ust any other name or names under which the owner conducts the business of the cable system.         If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.         Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.       Distructions         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Cequel communications LLC       Business of owner of cable System (IF DIFFERENT)         SUDDENTINC COMMUNICATIONS       Mailung ADDRESS OF OWNER/OF CABLE SYSTEM       SudDENTINCE       SudDENTINCE         Titler, TX 75701       Tota on the mathematic action of the address of the address of the system, if different from the address given in space B       System         1       Intervention of cable SYSTEM:       Q       Maintex address of cable SYSTEM:       Maintex address of cable SYSTEM:         2       Interventing address of	in the first tab	of this workbook		ALLOCATION NUMBER	Tel. (202) 707-8150
Accounting Period         Instructions:           B Owner         Instructions:           It is used in ame of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.           Ust any other name or names under which the owner conducts the business of the cable system.           If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.           Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         Dis1993           LEGAL NAME OF OWNER OF CABLE SYSTEM cecouel comMUNICATIONS LLC         Dis1993           BUDDENLINK COMMUNICATIONS ILC         BUDDENLINK COMMUNICATIONS ILC           BUDDENLINK communications are numberic         TITLER, TX 75701           TUPER, TX 75701         TUPER, TX 75701           Cable System         1           DENTRIFICATION OF CABLE SYSTEM:         1           INSTRUCTIONS of CABLE SYSTEM:         1           INSTRUCTIONS of CABLE SYSTEM:         1           INSTRUCTION OF CABLE SYSTEM:         1           INSTRUCTIONS of CABLE SYSTEM:         1           INSTRUCTION OF CABLE SYSTEM:         1           INSTRUCTION OF CABLE SYSTEM:         1	A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))	
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B       Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.         Unremental       List any other name or names under which the owner conducts the business of the cable system.         If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.       061993         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       061993         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       CEQUEL COMMUNICATIONS LLC       BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM         BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)       SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         3027 S SE LOOP 323       Number, street, num route, spathment, or sulte number)       TTUE.       TUE.         TUE, Toru, state, 201       UC, toru, state, 201       TUE.       TUE.         City, toru, state, 201       DENTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.       IDENTRICTION of CABLE SYSTEM:         1       DENTRIFICATION OF CABLE SYSTEM:       LINCOLIN & LOGGAN CORRECTIONAL FACILITY	-	20211	Barcode Data Filing Period (optiona	I - see instructions)	
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Single statement of account and royalty fee payment covering the entire accounting period.       061993         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       061993         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       CEQUEL COMMUNICATIONS LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF CABLE SYSTEM       3027 S SE LOOP 323         [Number, steet, ruid route, apathment, or sulte number]       TYLES, T 75701         [City, town, state, zpi)       DENTIFICATION OF CABLE SYSTEM:         1       DENTIFICATION OF CABLE SYSTEM:         2       NUmber, steet, ruid route, apathment, or sulte number)	Owner	List any other name or names under which	ch the owner conducts the business of	the cable system.	
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CEQUEL COMMUNICATIONS LLC           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           SUDDENLINK COMMUNICATIONS           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           3027 S SE LOOP 323           (Number, steet, rural route, apartment, or suite number)           TYLER, TX 75701           (City, town, state, zip)           IDENTIFICATION OF CABLE SYSTEM:           1           IDENTIFICATION OF CABLE SYSTEM:           1           INCOLN & LOGAN CORRECTIONAL FACILITY           Mailling address of Cable system:           2           Number, street, rural route, apartment, or suite number)		Check here if this is the system's first filir	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	061993
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           SUDDENLINK COMMUNICATIONS           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           3027 S SE LOOP 323           (Number, street, rural route, apartment, or sulle number)           TYLER, TX 75701           (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B           1         IDENTIFICATION OF CABLE SYSTEM:           LINCOLN & LOGAN CORRECTIONAL FACILITY           MAILING ADDRESS OF CABLE SYSTEM:           2         (Number, street, rural route, apartment, or sulle number)		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           SUDDENLINK COMMUNICATIONS           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           3027 S SE LOOP 323           (Number, street, rural route, apartment, or sulle number)           TYLER, TX 75701           (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B           1         IDENTIFICATION OF CABLE SYSTEM:           LINCOLN & LOGAN CORRECTIONAL FACILITY           MAILING ADDRESS OF CABLE SYSTEM:           2         (Number, street, rural route, apartment, or sulle number)					
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TYLER, TX 75701         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         System       IDENTIFICATION OF CABLE SYSTEM:         LINCOLN & LOGAN CORRECTIONAL FACILITY         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)					
Image: City, town, state, zip)			umber)		
C       names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         System       1       IDENTIFICATION OF CABLE SYSTEM: LINCOLN & LOGAN CORRECTIONAL FACILITY         Mailing address of CABLE SYSTEM:       2         (Number, street, rural route, apartment, or suite number)					
1     LINCOLN & LOGAN CORRECTIONAL FACILITY       MAILING ADDRESS OF CABLE SYSTEM:       2       (Number, street, rural route, apartment, or suite number)					
2 (Number, street, rural route, apartment, or suite number)	System	1	ECTIONAL FACILITY		
			-		
		2 Number street ning route anartment or suffer	umber)		
Uty, town, state, zip code)					
		(Uity, 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	061993
D	Instructions: List each separate community served by the cable system. A "com "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	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
First	CITY OR TOWN LINCOLN	STATE IL
Community	(LINCOLN & LOGAN CORR)	
ws as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICAT	TIONS LLC							06199
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s			-		•			
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						those exis	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	n broken	
scribers and	down by categories of secondar	•					,	,	
Rates	each category by counting the n	,		0 / 1					
	separately for the particular serv					•	,		
	Rate: Give the standard rate of	•	-	•				-	
	unit in which it is generally billed category, but do not include disc				ny standa	ird rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide	•		Ű					
	that applies to your system. Not	e: Where an ir	ndividua	l or organizatio	n is receiv	ring service that	falls unde	r different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					d in the count ur	ider "Servi	ice to the	
	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					•			
	sufficient.				1				
	BLC	DCK 1 NO. OF	:				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		95	42.41					
	Converter								
	Residential								
	Non-residential								
					-				
	SERVICES OTHER THAN SEC In General: Space F calls for rai					III your cable sve	stem's serv	vices that were	
F	not covered in space E, that is, t		,		•				
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	harged on a vari	able per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cabl	e system for ea	ach of the	applicable servi	ces listed		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a	separate char	ge was i	made or establi	shed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and inclu	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	-		tel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	-	• Co	mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	-	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	-	Other	services:					
	• FM radio (if separate rate)		•Re	connect		-			
	Converter		• Dis	connect					
			۰Ou	tlet relocation		-			
				tlet relocation ve to new addr	ess				

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			061993
<b>G</b> Primary	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
ransmitters: Television	Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination t with a station according to its over-the	the Special Statement and Program I ad both on a substitute basis and also , see page (v) of the general instructi program 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- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	Log)—if the poon some other ons. PN, etc. Identify each ort multistream the air in its community 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
	WAND-1	17	N	DECATUR, IL
	WBUI-1	23	l	DECATUR, IL
as Necessary	WCFN-1	49	I	SPRINGFIELD, IL
-	WICS-1	20	Ν	SPRINGFIELD, IL
	WILL-1	12	E	CHAMPAIGN, IL
	WMBD-1	31	N	PEORIA, IL
	WRSP-1	55		SPRINGFIELD, IL
			•	

CEQUEL CO	MMUNICA	TIONS	LLC						0619
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat						н
eceivable if (1) on the basis of a For 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 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 of tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. In is AM or FM. hal was electronically process of mark in the "S/D" column. on (the community to which the the community with which the	att sy thi sec	he system's hea stem's FM ante s 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 ed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		30	LOCATION OF STATION	╢	OALL SIGN		3/0	LOGATION OF STATION	
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ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTEM:					SYSTEM ID
Name							06199
	SUBSTITUTE CARRIAG	E: SPECIAL STAT	EMENT AND PROGRAM I	.OG			
	In General: In space I, ident	tify every nonnetwork	television program, broadcast	by a distant sta	ation, that you	ir cable sys	stem carried on a
			der specific present and forme				
Substitute Carriage:			uded in this log, see page (v) o	t the general in	structions in t	ine paper s	5A1-2 form.
Special	1. SPECIAL STATEMEN			hacic any non	notwork tolo	vicion proc	rom
statement and	broadcast by a distant sta	•	system carry, on a substitute	Dasis, any non			
Program Log	,					YES	NO
	Note: If your answer is "No log in block 2.	o", leave the rest of t	nis page blank. If your answe	r is "Yes," you	must comple	te the pro	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 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 Cat Column 5: Give the mod first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes	stitute program on a ace, please add add of every nonnetwor a distant station and egulations, or author ries like "movies" or . Bulls." m was broadcast live sign of the station b adcast station's loca nadian stations, if ar nth and day when yo ive "5/7."	separate line. Use abbreviational rows to the tables. ( television program ("substit that your cable system substit cations. See page (v) of the g "basketball." List specific program e, enter "Yes." Otherwise enter roadcasting the substitute pro- tion (the community to which ur system carried the substitute the program was carried by you n carried by a system from 6:	ute program") t tuted for the pr general instruc gram titles, for er "No." ogram. the station is li the station is li the station is li ute program. U pour cable syste	that, during the ogramming of tions for furthexample, "I Lecensed by the dentified). Is a numeral sem. List the ti	he accoun of another ner informa ove Lucy" ne FCC or, , with the r mes accur	ting station ation. 'or . in month rately
	to delete under FCC rules	ter "R" if the listed p and regulations in e mming that your syst	ogram was substituted for pro fect during the accounting pe em was permitted to delete u	riod; enter the	letter "P" if th	ne listed pr	
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Accounting Period:	<b>2021/1</b> FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Hame	CEQUEL COMMUNICATIONS LLC 061993
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
	o. Interest charge. Enter the amount from line 4, space Q, page 6
	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 #
	<b>Important:</b> 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# 061993
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	7 45
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	Name     RODNEY HASKINS     Telephone       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 (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 (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 ov 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 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 mer of the cable system
	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.

QUEL COMMUNICATIONS LLC       0619         SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS       The statilite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:       Image: Communication of the subscribers and the gross amounts paid to the cable system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."       Image: Communication on when to exclude these amounts, see the note on page (vii) of the general instructions coated in the paper SA1-2 form.       Image: Communication on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?       Image: Communication on when to exclude the carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude the satellite carrier(s) below.       Image: Communication on when to exclude th	unting Period: 2	021/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statellite forme Viewer Act of 1988 amended Title 17, section 111(0)(1)(A), of the Capyright Act by adding the fol- lowing and mounts onliced from subcritents receiving secondary transmissions are been and mounts collected from subcritents receiving secondary transmissions located in the paper SA1-2 form. The other information on when to exclude these amounts, see the note on page (VII) of the general instructions located in the paper SA1-2 form. The other information on when to exclude these amounts, see the note on page (VII) of the general instructions located in the paper SA1-2 form. The other information on when to exclude these amounts, see the note on page (VII) of the general instructions located in the paper SA1-2 form. The other information on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dath owners? The other information on the rest assessment, see page (VIII) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate' and enter the sum here	AL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM II
The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: In determining the total number of subscribers and the gross amounts paid to the caple system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 111: For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period. (d) the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO TYES. Enter the total here and list the satellite carrier(s) below. Nore: Name Mainy Address Name Mainy Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a liste payment or underpayment. For an explanation of interest rate* and enter the sum here. X 0.00274 Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here. X 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here scales of line. Note: Note: Note: Note: Note: Note: How and, concepting a statement of account already submitted to the Copyright Office, please contact the Licensing Division al (202) 707-8150 or licensing/literest-rate. Note: How and contral equivalent of 10365, which is the interest assessment for one day late. Note: How and find the worksheet covering a statement of account already submitted to the Copyright Office, please to how enver, address, first community served. D number First community served	QUEL COMM	UNICATIONS LLC	06199
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?       Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?       Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions         Name: Maling Address       Maling Address       Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions       Image: Comparison of the cable system exclude any amounts of gross receipts for secondary transmissions         Name: Maling Address       Maling Address       Image: Comparison of the cable system exclude any amounts of gross receipts for an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of the cable system exclude any and the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment.       Image: Comparison of Comparison of Understate assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of Comparison of Understate assessment and enter the sum here: Comparison of Comparison o	The Satellite Ho lowing sentence "In deter service of scribers For more inform	ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining 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
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       Mailing Address         You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment         Line 1 Enter the amount of late payment or underpayment.       x	made by satelli		
Mailing Address       Mailing Address       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Q         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Q         Line 1       Enter the amount of late payment or underpayment.       x		the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet complete this payment or underpayment.       Image: Complete this worksheet complete the sum here is a complete the sum here is a set of a late payment or underpayment.       Image: Complete the sum here is a complete the sum here is a complete the late or the late or the sum here is a set or the late or the late or the late or the late or the sum or the original filting.       Image: Complete the sum here is a complete the sum here is a complete the late or the sum here is a complete the sum here is a complete the sum here is a complete the complete the sum here is a complete the late or the sum here is a complete the sum here is a complete the complete the sum here is a complete the complete the complete the complete the complete the complete the sum here is a complete the			
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Line 7       Enter the antiduit of late payment of underpayment			
x			Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	For an explanat	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>(interest charge)</u> * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	For an explanat	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
(interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.         ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.         NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner         Address         ID number         First community served	For an explanat Line 1 Enter th Line 2 Multiply	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessmen
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