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

Britactions Instructions Instructions <thinstructions< th=""> Instructions I</thinstructions<>	STATEMI	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
Cable Systems (Short Form) 8/30/21 \$ For additional information, content to US. Copyright information, indicated the US. Copyright information, indicate the US. Copyright indicates indicate the US. Copyright indicates indicates indicate the US. Copyright indicates indite indicates indicates indicates indicates indi			DATE RECEIVED	AMOUNT		
Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20211 Baccode Data Filing Period (optional - see instructions) B Instructions: Give the full legit name of the owner of the table 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 seconting period should submit a single statement of account and royally 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. [62439 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM [62439 Capuel LCOMMUNICATIONS LLC EQUIDENTIANCE COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM [62439 SUDDENTIANCE COMMUNICATIONS Mailung ADDRESS OF CABLE SYSTEM SUDDENTIANCE appear in space B [7] Mailung ADDRESS OF CABLE SYSTEM [7] SUDDENTIANCE appear in space B [8] Mailung ADDRESS OF CABLE SYSTEM [7] SUDDENTIANCE appear in space B [8] Mailung ADDRESS OF CABLE SYSTEM [8] System [1]	Cable Systems (Short Form) General instructions are located		8/30/21		For additional information, contact the U.S. Copyright Office Licensing Division at:	
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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. 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. 062439 IEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM EQUEL COMMUNICATIONS LLC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM EQUEL COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 Winder, struct, partment, or sulle number) Type, the main context, partment, or sulle number) Type, the main context, payment, or sulle number) Type, the main context, payment, or sulle number) Type, the main context, payment, or sulle number) Statement, and the address of the system in space B 1 Destruction of CABLE SYSTEM: Statement, and space B 3027 S SE LOOP 323 Image: statement, or sulle number) Type, the system in space B 1 Destruction of CABLE SYSTEM: Statement as a structure, spacement, or sulle number) 1 Des	-		1			
Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.	_	Give the full legal name of the owner of t title of the subsidiary, not that of the par List any other name or names under whic If there were different owners during the	ent corporation. In the owner conducts the business of accounting period, only the owner or	the cable system. the last day of the accounting period shoul	d submit a	
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, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) IDENTIFICATION OF CABLE SYSTEM: System 1 IDENTIFICATION OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)		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.	002439	
C 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: SMITHFIELD STATE CORRECTIONAL INSTITUTION 2 (Number, street, rural route, apartment, or sulle number)		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ		
SuddenLink communications Mailing address of owner of cable system 3027 S SE LOOP 323 (Number, street, nural route, apartment, or suite 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: 30 IDENTIFICATION of CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)		CEQUEL COMMUNICATIONS LLC				
MAILING ADDRESS OF OWNER OF CABLE SYSTEM 30277 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TST01 (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: SMITHFIELD STATE CORRECTIONAL INSTITUTION MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	T)		
3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite 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 System 1 IDENTIFICATION OF CABLE SYSTEM: SMITHFIELD STATE CORRECTIONAL INSTITUTION MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)		SUDDENLINK COMMUNICATIONS				
(Number, street, rural route, apartment, or suite 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 System 1 IDENTIFICATION OF CABLE SYSTEM: SMITHFIELD STATE CORRECTIONAL INSTITUTION MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
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1 SMITHFIELD STATE CORRECTIONAL INSTITUTION MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)		IDENTIFICATION OF CABLE SYSTEM:				
2 (Number, street, rural route, apartment, or suite number)			ECTIONAL INSTITUTION	I		
		MAILING ADDRESS OF CABLE SYSTEM	:			
		2 Number, street, rural route, apartment, or suite p	limber)			
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	Privacy Act Notic	e: Section 111 of title 17 of the United States Code ou	thorizes the Convright Office to collect th	e personally identifying information (PII) reque	ested on this	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM II 06243
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	" is the same as a "community unit" as defined in FCC rule: munities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	HUNTINGDON (SMITHFIELD SCI)	PA
dd Rows as Necessary		
		การของการของการของการของการของการของการของการของการของการของการของการของการของการของการของการของการของการของการ

	T							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICAT	FIONS LLC							06243
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
	system, that is, the retransmission								
Secondary Fransmission	about other services (including plast day of the accounting period				-		those exis	ting on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondar	, y transmission	service	. In general, yo	u can com	pute the numbe	er of subso	ribers in	
Rates	each category by counting the n		0	•••		•		s charged	
	separately for the particular serv					•	,	as and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				ny standa		5 within a		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-r	Iand DIOCK. A IV	vo- or thre	e-word descript	ion of the	Service IS	
		DCK 1					BLOCH	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOOLUD	LIKO	TOTIL	0/11			COBCOTTIBEITO	TUTE
	Service to first set		0	_					
	 Service to additional set(s) 		0	0					h
	• FM radio (if separate rate)								<u></u>
	Motel, hotel								
	Commercial		110	42.41					
	Converter								
	Residential								
	Non-residential								ļ
					•				I
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					Il your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		•				
	service for a single fee. There are	•			0		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	billed. If ally la		larged on a van	able pei-p	lograffi basis,	
ransmissions:			the cabl	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.								
	bhei (two- of three-word) descrip			ale for each.					
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	NATE		ation: Non-res		RATE	CATEG	ORT OF SERVICE	NATE
	Pay cable	_		tel, hotel	aonna				
	Pay cable—add'l channel	-		nmercial					
	Fire protection		-	/ cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	_		glar protection					
	Additional set(s)	-		services:					
	• •			connect		_			
	FM radio (if separate rate) Converter		• Dis	connect					
	,			connect tlet relocation		_			
	,		• Out	connect tlet relocation ve to new addre	ess				

nting Period: 2				FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
	CEQUEL COMMUNICA	ATIONS LLC		0624
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	In General: In space G, idel carried by your cable system 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 rul • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (t (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M"
	(for independent multicast),	"E" (for noncommercial educational), o erms, see page (iv) of the general instru	or "E-M" (for noncommercial educatio	
	Column 4: Give the location	n of each station. For U.S. stations, list	t the community to which the station is	
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	ne community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM-1	23	N	ALTOONA, PA
	1	I		
	WJAC-1	6	N	JOHNSTOWN, PA
; as Necessary	WJAC-1 WPCW-1	6 19	N I	
is Necessary			-	JOHNSTOWN, PA
s Necessary	WPCW-1	19	<u>l</u>	JOHNSTOWN, PA PITTSBURGH, PA
; Necessary	WPCW-1 WPSU-1	19 3	l E	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA
Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
S Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
s Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
s as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
vs as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
vs as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
vs as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
ws as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
ws as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
ws as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
ws as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
ws as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
ws as Necessary	WPCW-1 WPSU-1 WTAJ-1	19 3 10	l E N	JOHNSTOWN, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA

GAL NAME OF (EQUEL CON								SYSTEM 0624
	every radio st	tation ca	arried on a separate and discr nerally receivable by your cab					н
eivable if (1) it the basis of me detailed inforr per SA1-2 form Column 1: Ide Column 2: Sta Column 3: If th nal, indicate th Column 4: Giv	is carried by onitoring, to mation about a. ntify the call te whether the radio station is by placing e the station	the sys be recei t the Co sign of e he statio on's sign a check '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	at the system's h system's FM and this point, see pa sed by the cable ne station is licer	eadend, and (2 tenna, during c age (v) of the g system as a se nsed by the FC	2) it can ertain st general in eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
ALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
						<u> </u>		
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Accounting Perio						1010	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 062439
		E: SPECIAL STATE	IENT AND PROGRAM LC	G			
	substitute basis during the a	accounting period, under	evision program, broadcast by specific present and former F ed in this log, see page (v) of t	CC rules, reg	julations, or a	uthorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN			general in		ine paper (
Special			tem carry, on a substitute ba	isis, anv noni	network telev	vision proc	aram
Statement and Program Log	broadcast by a distant sta		j,	····, ···, ····,		YES	XNO
• •			page blank. If your answer is	с "Voc " уоц и			
	log in block 2.		page blank. If your answer is	s res, your		ite the pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr 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	of every nonnetwork to a distant station and that egulations, or authorizations, or authorizations, or authorization is Bulls." m was broadcast live, e sign of the station broad adcast station's location adcast stations, if any, nth and day when your ve "5/7."	elevision program ("substitute t your cable system substitut tions. See page (v) of the ge isketball." List specific progra enter "Yes." Otherwise enter dcasting the substitute progra the community to which the system carried the substitute program was carried by you arried by a system from 6:07	ted for the prineral instruct am titles, for e "No." ram. e station is live station is id e program. U r cable syste	ogramming o tions for furth example, "I L censed by th lentified). se numerals m. List the ti	of another ner informa .ove Lucy' ne FCC or, , with the mes accur	station ation. ' or , in month rately
	to delete under FCC rules a was substituted for program	and regulations in effect mming that your system	ram was substituted for prog t during the accounting perio was permitted to delete unc	od; enter the	letter "P" if th	ne listed pi	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in effect nming that your system	t during the accounting period was permitted to delete und	od; enter the l der FCC rules WHE	letter "P" if th s and regulat	tions in	rogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in effect nming that your system UBSTITUTE PROGR. 2. LIVE? 3. STATION	t during the accounting period was permitted to delete und AM 'S	bd; enter the l der FCC rules WHE CARRI 5. MONTH	letter "P" if th s and regular N SUBSTIT AGE OCCL	TUTE IRRED MES	rogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in effect nming that your system	t during the accounting period was permitted to delete und AM 'S	od; enter the l der FCC rules WHE CARRI	letter "P" if th s and regular N SUBSTIT AGE OCCL	ions in UTE IRRED	7. REASON FO
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Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	062439
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 transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	sion service nount, se
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 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. 	33,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	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	
	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 \$ 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)	,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# 062439
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 .	6 44
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
	Address Joz Concernation of the second secon	
	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 (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. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	system as identified /ner of the cable system
	Date: 7/22/2021	

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

	1/1			FORM SA1-2E. PAGE
AL NAME OF OWNER	R OF CABLE SYSTEM:			SYSTEM I
QUEL COMMUN	IICATIONS LLC			06243
The Satellite Home lowing sentence: "In determin service of p scribers an	TEMENT CONCERNING GROSS REC e Viewer Act of 1988 amended Title 17, section ning the total number of subscribers and the gu providing secondary transmissions of primary b d amounts collected from subscribers receiving ion on when to exclude these amounts, see the	n 111(d)(1)(A), of the ross amounts paid to t proadcast transmitters, g secondary transmiss	Copyright Act by adding the fol- the cable system for the basic , the system shall not include sub- sions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
located in the pape		e note on page (vii) or	the general instructions	
-	ting period, did the cable system exclude any carriers to satellite dish owners?	amounts of gross rece	eipts for secondary transmissions	
	e total here and list the satellite carrier(s) below	N	\$	
		v	Ψ	
Name Mailing Address		Name Mailing Address		
INTEREST AS	OF COMENT			
	e this worksheet for those royalty payments su	Ibmitted as a result of		
	n of interest assessment, see page (viii) of the			Q
For an explanation		general instructions lo	ocated in the paper SA1-2 form.	Q Interest Assessme
For an explanation	n of interest assessment, see page (viii) of the	general instructions lo	ocated in the paper SA1-2 form.	Q Interest Assessme
For an explanation	n of interest assessment, see page (viii) of the	general instructions lo	x	Q Interest Assessme
For an explanation	n of interest assessment, see page (viii) of the amount of late payment or underpayment	general instructions lo	x	Q Interest Assessment
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For an explanation Line 1 Enter the a Line 2 Multiply lin	n of interest assessment, see page (viii) of the amount of late payment or underpayment	general instructions lo	x da	
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