This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)	DATE RECEIVED	AMOONT	<u>coplicsoa@copyright.gov</u>
	uctions 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
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))	
		7		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20211	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting		1		
Period				
	Instructions:			
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
			n the last day of the accounting period shoul	d submit a
	single statement of account and royalty f			
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	062995
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	Λ	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	T)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite r	number)		
	TYLER, TX 75701	,		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			
System	1			
	WILLIAM S KEY CORRECT			
	MAILING ADDRESS OF CABLE SYSTEN	1:		
	2 (Number, street, rural route, apartment, or suite r	number)		
	(City, town, state, zip code)			
<u></u>				
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	uthorizes the Copyright Offce to collect th	ne 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.

Number CEQUEL COMMUNICATIONS LLC D Instructions: Lite ach separte community several put the cable system. A "community" is the same as a "community unit" as defined community bare as a form of system identification as the "first community." In the same as a "community unit" as defined correct unicooparted community bare as a form of system identification as the "first community." In the same as a "community unit" as defined correct unicooparted community." In the same as a "community unit" as defined correct unicooparted community. Area Served Note: Entities and properties such as hotels, apartments; condominiums; or mobile home parks should be reported in parentheses unit as the first community on the same as a form of system identification as the "first community." IP SATE First FORT SUPPLY Community IP ORT SUPPLY Add hows an iterators IP ORT SUPPLY Add hows an iterators IP ORT SUPPLY IP ORT SUPPLY OK	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and in discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses identified city. First CITY OR TOWN STATE Fort SUPPLY OK (WILLIAM S KEY CORR) OK	Name		06299
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses identified city. First Community CITY OR TOWN STATE FORT SUPPLY OK	D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know
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	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							06299
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES				
E	In General: The information in s			-		•			
0	system, that is, the retransmission					•			
Secondary Transmission	about other services (including plast day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	, y transmission	service.	In general, yo	u can com	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n			0 , (charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ro and the	
	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	condary 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					0,	•		
	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 right-h	and block. A tv	/o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	2	
		NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORT OF SER	RVICE	SUBSCRIBERS	RATE
	Service to first set		0						
			0	- 0					
	 Service to additional set(s) FM radio (if separate rate) 		v	U					
	, , ,								
	Motel, hotel Commercial		11	42 44					
	Converter			42.41					
	Residential								
	Non-residential								
	• NON-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
-	In General: Space F calls for ra					all your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•	-		•		0.0		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaanj			in gou on a ran	anio hei h	og.am zaolo,	
Transmissions:	Block 1: Give the standard rat	• •				••			
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description				snea. Lisi	inese otner ser	vices in the	e ionn of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	TUTE		tion: Non-resi		TUTE	0/11200		TUTE
	• Pay cable	-		el, hotel					
	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)	-		ervices:					
	• FM radio (if separate rate)			onnect		-			
	(,								
	Converter		 Disc 	onnect					
	• Converter			onnect et relocation		-			
	• Converter		• Out		ess				

nting Period: 2	2021/1			FORM SA1-					
Name	LEGAL NAME OF OWNER OF				STEM ID				
	CEQUEL COMMUNIC				06299				
G Primary ansmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(e substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to	 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent, "I-M" (for independent), "I-M"" (for independent, "E" (for noncommercial educational), or							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	u				
	KAUT-1	43		OKLAHOMA CITY, OK					
	KETA-1	13	E	OKLAHOMA CITY, OK					
as Necessary	KFOR-1	4	N	OKLAHMA CITY, OK					
Necessai y	KOCB-1	34	1	OKLAHOMA CITY, OK					
	KOCO-1	5	N	OKLAHOMA CITY, OK					
	KOKH-1	25	1	OKLAHOMA CITY, OK					
	KOPX-1	62	I I	OKLAHOMA CITY, OK					
			1						
	KSBI-1	52	•	OKLAHOMA CITY, OK					
	KTUZ-1	30	•	SHAWNEE, OK					
	KUOK-1	35	l	WOODWARD, OK					
	KWTV-1	9	Ν	OKLAHOMA CITY, OK					

CEQUEL CO	MMUNICA	TIONS	LLC						0629
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cat						н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receint the Consign of e he static ion's sign g a check h's location	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at sy th se	the system's he ystem's FM ante is point, see pag d by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0/5		П			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Η	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio		0401 - 01						1 010	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF								SYSTEM ID# 062995
	SUBSTITUTE CARRIAG	E: SPECIAL S	STATEME	NT AND PROGRAM	LOG				
	In General: In space I, ident substitute basis during the a explanation of the programm	accounting perio	od, under sp	ecific present and forme	er FCC rules	regulations,	or au	ithorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				er ale gener			e paper e	
Special	During the accounting per				basis, any	nonnetwork	televi	sion prog	ram
Statement and Program Log	broadcast by a distant sta	ation?	-					YES	× NO
••••	Note: If your answer is "No	" leave the res	st of this na	ge blank. If your answ	er is "Yes " \	ou must cor	nnlete	-	
	log in block 2.			go blaint in your allow	or io 100, j		npiou		grann
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	of every nonne a distant station egulations, or au ries like "movies . Bulls." m was broadcas sign of the stat adcast station's nadian stations, nth and day who we "5/7."	etwork telev and that you uthorization s" or "bask ast live, enter tion broadc s location (t , if any, the een your sys-	vision program ("substi bur cable system subs ns. See page (v) of the etball." List specific pro- er "Yes." Otherwise end asting the substitute pri he community to which community with which stem carried the substi- ogram was carried by y	tituted for th general insi- ogram titles, rogram. In the station the station tute program your cable si	e programmi ructions for for example is licensed t is identified) n. Use nume vstem. List th	ing of furthe , "I Lo by the erals, "	another informa ve Lucy" FCC or, with the r	station ation. or in nonth ately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	and regulations mming that your	s in effect d	uring the accounting p	eriod; enter	he letter "P"	if the	listed pr	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulations mming that your	s in effect d r system w	uring the accounting p as permitted to delete	eriod; enter under FCC I	he letter "P" ules and rec /HEN SUBS	if the gulatio	isted prons in	ogram
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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 062995
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 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 \$527,600)
	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)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062995
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 .	11 15
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name RODNEY HASKINS	(903) 579-3152
Information	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
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 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.

L NAME OF OWNER OF CABLE SYSTEM: VIEL COMMUNICATIONS LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellife Home Viewer Act of 1988 amended Title 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 cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* 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, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No YES. Enter the total here and list the satellite carrier(s) below. Name Maiing Address Name Maiing Address Name Maiing Address Name Maiing Address Name Name Name Name Name Name Name Name	SYSTEM I 06299 P Special Statement Concerning Gross Receipts Exclusion
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmiters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maing Address Name Maing Address Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . Line 3 Multiply line 2 by the number of days late and enter the sum here<	P Special Statement Concerning Gross
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Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	Interest Assessme
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in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(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	
Accounting period	

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