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)	8/20/24	\$	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at:					
-	uctions are located	8/30/21		Office Licensing Division at: Tel: (202) 707-8150					
in the first lab	of this workbook		ALLOCATION NUMBER						
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		1							
		T							
	20211	Barcode Data Filing Period (optiona	I - see instructions)						
Accounting Period									
	Instructions:								
В			sidiary of another corporation, give the full (	corporate					
Owner	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 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.	063272					
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ						
	CEQUEL COMMUNICATIONS LLC								
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)						
	SUDDENLINK COMMUNICATIONS								
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
	3027 S SE LOOP 323								
	(Number, street, rural route, apartment, or suite r TYLER, TX 75701	umber)							
	(City, town, state, zip)								
С	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line								
System	IDENTIFICATION OF CABLE SYSTEM:			ss given in space D					
Gystein	1 JEAN CONSERVATION CA	MP							
	MAILING ADDRESS OF CABLE SYSTEM								
	2 (Number, street, rural route, apartment, or suite r								
	Z (Number, street, rural route, apartment, or suite r	number)							
	(City, town, state, zip code)								
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	ithorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested on this					

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 06327:						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in F "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.							
	CITY OR TOWN	STATE						
First Community	JEAN (JEAN CONS CAMP)	NV						
ld Rows as Necessary								

								FORM SA1-				
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:									
	CEQUEL COMMUNICAT	TIONS LLC							06327			
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES							
E	In General: The information in s			-		•						
Coordon	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Secondary Fransmission							lnose exisi	ung on the				
Service: Sub-		last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondar											
Rates	each category by counting the n			0 , (			,	s charged				
	separately for the particular serv					•	,	an and the				
	<b>Rate:</b> 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				ries 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	0			· · ·		different f	from those				
	printed in block 1 (for example, t						,.					
	with the number of subscribers a sufficient.	and rates, in th	e right-l	hand block. A tv	vo- or thre	ee-word descript	ion of the s	service is				
		DCK 1					BLOCK	(2				
	BEC	NO. OF	:				DLOON	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		0	-								
	<ul> <li>Service to additional set(s)</li> </ul>		0	0								
	<ul> <li>FM radio (if separate rate)</li> </ul>											
	Motel, hotel											
	Commercial		16	42.41								
	Converter											
	Residential											
	Non-residential											
					•							
	SERVICES OTHER THAN SEC In General: Space F calls for rai					all your cable sve	tem's serv	vices that were				
F	not covered in space E, that is, t	•	,		-	• •						
	service for a single fee. There are	e two exception	ons: you	i do not need to	give rate	information con	cerning (1	) services				
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ates are cl	harged on a vari	able per-p	rogram basis,				
Secondary Fransmissions:	Block 1: Give the standard rat		the cab	e svstem for ea	ch of the	applicable servi	ces listed.					
Rates	Block 2: List any services that	• •				••		were not				
	listed in block 1 and for which a	vices in the	e form of a									
	brief (two- or three-word) descrip											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE			
	Continuing Services:		Install	ation: Non-res	idential							
	• Pay cable	-	• Mo	tel, hotel								
	<ul> <li>Pay cable—add'l channel</li> </ul>	-	• Co	mmercial								
	Fire protection			y cable								
	<ul> <li>Burglar protection</li> </ul>			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								
		1					1					
			•Ou	tlet relocation		-						
				tlet relocation	ess	-						

unting Period: 2	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		063272
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio	also in space I, if the station was carried on concerning substitute basis stations,	t (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions.
	multicast stream associated	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the		
	of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	the form. lel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. In case whether the station is a network ering the letter "N" (for network), "N-M" ( I, "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of the stations of the general stations of the stations of the erms of the stations of the stations of the stations of the stations of the stations of the stations of the stations of the stations of the stations of the sta	s station, an independent station, or a (for network multicast), "I" (for indepo or "E-M" (for noncommercial educatio ructions in the paper SA1-2 form. In the community to which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15	I	LAS VEGAS, NV
	KLAS-1	8	Ν	LAS VEGAS, NV
Necessary	KLVX-1	10	E	LAS VEGAS, NV
,	KSNV-1	3	N	LAS VEGAS, NV
	KTNV-1	13	N	LAS VEGAS, NV
	KVCW-1	33		LAS VEGAS, NV
	KVVU-1	5		HENDERSON, NV
			••••••	
			(	

CEQUEL CO	F OWNER OF (								SYSTEM 0632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cal						н
eceivable if (1) on the basis of or detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei it the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under of them whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at t sy thi see	the system's hear restem's FM ante is point, see pag d by the cable s station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se ed by the FC	!) it can   ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the. And discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio								RM SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID	
	CEQUEL COMMUNICA	ATIONS LLO	C					063272	
_	SUBSTITUTE CARRIAGI	E: SPECIAL	L STATEME	NT AND PROGRAM L	OG				
	In General: In space I, ident								
0	substitute basis during the a explanation of the programm								
Substitute Carriage:					the general in		i tile paper	3A 1-2 101111.	
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log									
Program Log	broadcast by a distant station? YES X NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.	, leave the t	est of this pa	ige blank. If your answer	is res, you	must comp	iete trie pro	ogram	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gir <b>Column 6:</b> State the time	egulations, or ries like "movi . Bulls." m was broado sign of the st adcast station nadian station nth and day w ive "5/7." nes when the s	authorization vies" or "bask cast live, ento tation broadc n's location (f ns, if any, the when your sy substitute pro	ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente asting the substitute pro the community to which t stem carried the substitu	eneral instruct ram titles, for r "No." gram. the station is li he station is ic te program. U ur cable syste	tions for fur example, "I censed by lentified). se numera m. List the	ther inform Love Lucy the FCC o ls, with the times accu	nation. /" or r, in r month urately	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the li and regulatior	isted progran	n was substituted for pro uring the accounting per	· gramming tha iod; enter the	letter "P" if	the listed p		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the li and regulatior mming that yo	isted progran	n was substituted for pro uring the accounting per	gramming tha iod; enter the nder FCC rules	letter "P" if s and regul	the listed p ations in		
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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 063272
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.
	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula \$ 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 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	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 CEQUEL COMMUNI						SYSTEM ID# 063272
M Channels	<ol> <li>to its subscribers, and</li> <li>Enter the total numb system carried televis</li> <li>Enter the total numb on which the cable system</li> </ol>	st give (1) the number or (2) the cable system's to per of channels on which sion broadcast stations . per of activated channels ystem carried television ervices	otal numb n the cable s broadcast	ber of activated channe e 	els during the ac		7 20
<b>N</b> Individual to Be Contacted		CONTACTED IF FURTH this statement of accour		RMATION IS NEEDEI	D (Identify an in	dividual to whom	
for Further Information		DNEY HASKINS 27 S SE LOOP 323	3			Telephone	(903) 579-3152
	(Num TYI	iber, street, rural route, apartr LER, TX 75701 town, state, zip)		te number)			
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM		Fax (optional)	
O	I, the undersigned, here     (Owner othered)     (Agent of owner othered)     (Agent of owner of a line 1 of the second sec	reby certify that (Check of er than corporation or p wher other than corpora of space B and that the of partner) I am an officer ( of space B. tatement of account and correct to the best of my 11(1986)] Typed or printed Title:	ation or providence of the second sec	bly one, of the boxes.) <b>ip</b> ) I am the owner of the <b>partnership</b> ) I am the du ot a corporation or partress ration) or a partner (if a eclare under penalty of	e cable system a uly authorized ag nership; or partnership) of t law that all state lief, and are mad hbaum the line above to nature" (e.g., /s/.	certify this statement.	system as identified vner of the cable system

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.

unting Period: 2	2021/1	FORM SA1-2E. PAGE
L NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM II
QUEL COMM	UNICATIONS LLC	06327
The Satellite H lowing sentence "In dete service scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
During the acc	paper SA1-2 form. ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
made by satell X NO	ite carriers to satellite dish owners?	
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
You must com	ASSESSMENT plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	the amount of late payment or underpayment	Interest Assessme
Line 2 Multipl	y line 1 by the interest rate* and enter the sum here	
Line 3 Multipl	y line 2 by the number of days late and enter the sum here	
	y line 3 by 0.00274** and enter here the L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	he interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please he Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is th	ne decimal equivalent of 1/365, which is the interest assessment for one day late.	
-	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		

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