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

SA1-2E Short Form

STATEMI	=NT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT		
Cable Syste General instru in the first tab	ms (S	Short Form) are located	8/30/21	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACC		BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYYY/(Period)) Period 2 = July 1 - December 31		
Accounting Period		2021/1	Barcode Data Filing Period (optiona			
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full	corporate	
Owner		List any other name or names under whic		the cable system.		
		If there were different owners during the single statement of account and royalty fe		n the last day of the accounting period shoul nting period.		
		Check here if this is the system's first filing	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	063274	
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	Λ		
				-		
			CABLE SYSTEM (IF DIFFEREN	1)		
		SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		3027 S SE LOOP 323	mber)			
		TYLER, TX 75701 (City, town, state, zip)				
С				entify the business and operation of t		
System		IDENTIFICATION OF CABLE SYSTEM:	z, give the mailing address of t	he system, if different from the addre	ess given in space B	
	1	NV SOUTHERN DETEN				
		MAILING ADDRESS OF CABLE SYSTEM:	:			
	2	(Number, street, rural route, apartment, or suite nu	imber)			
		(City, town, state, zip code)				
Privacy Act Notic	e: Sectior	n 111 of title 17 of the United States Code aut	horizes the Copyright Offce to collect th	ne personally identifying information (PII) requ	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 ID 06327
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	
	CITY OR TOWN	STATE
First Community	PAHRUMP (NV SOUTHERN DETEN)	
ld Rows as Necessary		

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID		
	CEQUEL COMMUNICAT	FIONS LLC							06327		
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES						
E	In General: The information in s	•		-		•					
0	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	last 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	•					-				
Rates	each category by counting the n			0 , (charged			
	separately for the particular serv					•	,	na and the			
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	· ·		,			5 wiu iir a j				
	Block 1: In the left-hand block					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			()	service that are	different f	rom those			
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	ore secon	dary transmissio	ons), list th	em, together			
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	e-word descript	ion of the s	service is			
	sufficient.							()			
	BLC	DCK 1 NO. OF	:				BLOCK	NO. OF	1		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		0	-							
	 Service to additional set(s) 		0	0							
	• FM radio (if separate rate)										
	Motel, hotel								l		
	Commercial		13	42.41					1		
	Converter										
	Residential										
	Non-residential										
									1		
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
F	In General: Space F calls for ra	•	,		-						
•	not covered in space E, that is, t service for a single fee. There ar					,	,				
Services	furnished at cost or (2) services	•			0						
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the			-							
ransmissions:	Block 1: Give the standard rat	• •				••		wore not			
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a constant charge was made or established. List these other convices in the form of a										
Rates	listed in block 1 and for which a separate charge was made or established. List these other service brief (two- or three-word) description and include the rate for each.										
Rates		otion and inclu									
Rates			014.4	ate for each.							
Rates	brief (two- or three-word) descrip	BLO				DATE	CATECO	BLOCK 2	DATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE		CATE	GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CATE(GORY OF SER ation: Non-res		RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEC	GORY OF SER ation: Non-res tel, hotel		RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEC Install • Mo • Co	GORY OF SER ation: Non-res tel, hotel mmercial		RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEC Install • Mo • Co • Pa	GORY OF SER ation: Non-res tel, hotel mmercial y cable	idential	RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CATEC Install • Mo • Co • Pa • Pa	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	idential	RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CATEC Install • Mo • Co • Pa • Pa • Fire	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	idential	RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CATEC Install • Mo • Co • Pa • Pa • Fire • But	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	idential	RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CATEC Install • Mo • Co • Pa • Pa • Fire • Bui Other	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential	RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO	CATEC Install • Mo • Co • Pa • Fire • Bu • Bu • Bu • Re	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	idential	RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CATEC Install • Mo • Co • Pa • Fire • Bui Other • Re • Dis	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect connect	idential	RATE	CATEGO		RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO	CATEC Install • Mo • Co • Pa • Fire • Bui Other • Re • Dis • Ou	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	idential nannel	RATE	CATEGO		RATE		

iting Period: 2	2021/1								
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
	CEQUEL COMMUNIC	ATIONS LLC		0632					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Insmitters: Elevision	 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 "WETA-2" as the same on t Column 2: Give the channe 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 FCC. For Mexican or Canad	d with a station according to its over-the the form. el number the FCC assigned to the telev (RC is channel 4 in Washington, D.C. a case whether the station is a network s ering the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	e-air designation. For example, report vision station for broadcasting over t station, an independent station, or a for network multicast), "I" (for indepe- or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station the community with which the station	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							
	I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KINC-1	15	3. TYPE OF STATION	4. LOCATION OF STATION LAS VEGAS, NV					
			3. TYPE OF STATION						
as Necessary	KINC-1	15	<u>I</u>	LAS VEGAS, NV					
15 Necessary	KINC-1 KLAS-1	15 8	I N	LAS VEGAS, NV LAS VEGAS, NV					
as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
; as Necessary	KINC-1 KLAS-1 KSNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
35 Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ıs Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
; as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
s as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
is as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
vs as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					
ws as Necessary	KINC-1 KLAS-1 KSNV-1 KTNV-1	15 8 3 13	 	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV					

EGAL NAME OF								SYSTEM 0632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein to the Co sign of o the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ant this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		ONEL OIGH		0,0		
			·					

Na:							FC	DRM SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063274			
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every non accounting pe	nnetwork televi eriod, under sp	<i>ision program,</i> broadcast by becific present and former F	/ a <i>distant</i> sta CC rules, reg	ulations, o	r authoriza	tions. For a further			
Carriage:	1. SPECIAL STATEMEN				ne general inc						
Special	During the accounting pe				isis. anv nonr	network te	levision pr	ogram			
Statement and Program Log	broadcast by a distant station?										
r rogram zog	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.				5 103, you i	nust com		rogram			
	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 Cal Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	e of every not a distant stati egulations, o ries like "mor . Bulls." m was broad sign of the s adcast static nadian statio nth and day ive "5/7." nes when the . Example: a ter "R" if the and regulatio mming that y	nnetwork tele ion and that y or authorizatio wies" or "bask dcast live, ent station broadc on's location (ons, if any, the when your sy e substitute pr a program car listed program ons in effect c	vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter sasting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0" n was substituted for prog luring the accounting perio	ted for the pro neral instruct am titles, for e "No." e station is lit e station is lit e program. Us r cable system l:15 p.m. to 6 ramming that od; enter the l	censed by entified). se numera m. List the :28:30 p.r t your syst etter "P" if	g of anoth rther inforn I Love Luc the FCC of als, with th times acc n. should I em was <i>re</i> the listed	er station mation. cy" or or, in e month curately ce			
	effect on October 19, 1976	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RI									
	S	UBSTITUTE		1				7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		1 1		4. STATION'S LOCATION	CARRI	AGE OCO	URRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	DELETION			

Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC 063274
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
	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)
	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# 063274
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	5 26
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 in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ov in line 1 of space B. (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)) (X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name:	system as identified vner of the cable system
	SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 7/22/2021	

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

counting Period: 2021/1		FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
QUEL COMMUNICATIONS LLC		0632
lowing sentence: "In determining the total number of subscrib service of providing secondary transmission scribers and amounts collected from subscr	Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- bers and the gross amounts paid to the cable system for the basic ns of primary broadcast transmitters, the system shall not include sub- tribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
For more information on when to exclude these an located in the paper SA1-2 form.	nounts, see the note on page (vii) of the general instructions	
During the accounting period, did the cable system made by satellite carriers to satellite dish owners?	n exclude any amounts of gross receipts for secondary transmissions	
YES. Enter the total here and list the satellite of	carrier(s) below \$	
		-
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
	ty payments submitted as a result of a late payment or underpayment. ge (viii) of the general instructions located in the paper SA1-2 form.	Q
	ge (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see pa	ge (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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For an explanation of interest assessment, see particular time 1 Enter the amount of late payment or under	in the general instructions located in the paper SA1-2 form. rpayment	Q Interest Assessmen
For an explanation of interest assessment, see particular time 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and enterest rate	rpayment	Q Interest Assessmen
For an explanation of interest assessment, see particular time 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and enter Line 3 Multiply line 2 by the number of days late at Line 4 Multiply line 3 by 0.00274** and enter here	in the general instructions located in the paper SA1-2 form. rpayment	Q Interest Assessmen
For an explanation of interest assessment, see particular of a see a see a second seco	in the general instructions located in the paper SA1-2 form. rpayment	Q Interest Assessmen
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For an explanation of interest assessment, see part Line 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and enter Line 3 Multiply line 2 by the number of days late a Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block * To view the interest rate chart click on <i>www.c</i> contact the Licensing Division at (202) 707-8 ** This is the decimal equivalent of 1/365, which NOTE: If you are filing this worksheet covering a so list below the owner, address, first community serve Owner Address	in the paper SA1-2 form. rpayment	Q Interest Assessme

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