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)		\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright	
General instru	uctions are located	8/30/21		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))		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	20211	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting 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 which	ch the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period shoul nting period.		
	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.	063280	
	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	T)		
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite n	umber)			
	TYLER, TX 75701 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line		,	5	
System	IDENTIFICATION OF CABLE SYSTEM:				
	1 S DESERT CORRECTIONA				
	MAILING ADDRESS OF CABLE SYSTEM	:			
	2 (Number, street, rural route, apartment, or suite n	umber)			
	(City, town, state, zip code)				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	063280
D	Instructions: List each separate community served by the cable system. A "comm" a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	INDIAN SPRINGS	NV
Community	(S DESERT CORR)	
	๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛	
Rows as Necessary		
	ากสามหากมากการแกกการการการการการการการการการการการการกา	

	Т						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					TEM ID
	CEQUEL COMMUNICAT	FIONS LLC						06328
-	SECONDARY TRANSMISSION	I SERVICE: SI		ND RATES				
E	In General: The information in s	•	-		•			
0	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					lnose exisi	ung on the	
Service: Sub-	Number of Subscribers: Both	`	,	,	,	ble system	ı, broken	
scribers and	down by categories of secondary	•				•		
Rates	each category by counting the n		5 0			,	s charged	
	separately for the particular serv Rate: Give the standard rate c				•	,	no and the	
	unit in which it is generally billed	-					-	
	category, but do not include disc	· ·	,			o within a		
	Block 1: In the left-hand block	in space E, th	e form lists the	categories of se	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			•		•		
	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-hand blo	ck. A two- or thr	ee-word descript	ion of the s	service is	
		DCK 1				BLOCK	(2	
		NO. OF SUBSCRIB			EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RAI		EGORT OF SER	RVICE	SUBSCRIBERS	RATE
	Service to first set		0					
			0	- 0				
	 Service to additional set(s) FM radio (if separate rate) 							
	· · · /							
	Motel, hotel Commercial		56 4	2 44				
	Converter		56 4	2.41				
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS:	RATES				
-	In General: Space F calls for rat				all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t				,	,		
Services	service for a single fee. There ar	•	•	Ũ		0.	,	
Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the					anie hei h	. • .	
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				a these other ser	vices in the	e lorm of a	
						I	51.0.01/.0	
	CATEGORY OF SERVICE	BLO	CK 1 CATEGORY O		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	INAIL	Installation: N			CAILO	SIT OF SERVICE	
	Pay cable	_	Motel, hotel					
	Pay cable—add'l channel	-	Commercia					
	Fire protection		Pay cable					
	•Burglar protection		Pay cable-a	dd'l channel				
	Installation: Residential		Fire protect					
	• First set	_	Burglar prot					
	Additional set(s)	-	Other services					
			Reconnect		_			
	• FM radio (if separate rate)							
	 FM radio (if separate rate) Converter 							
	, , ,		Disconnect					
	, , ,			ation				

ing Period: 2					
ame	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		5	SYSTEM ID#
	CEQUEL COMMUNIC				063280
G imary smitters: evision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC rr. • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including tr m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. :: With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr 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. n case whether the station is a network si ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep vision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections rations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
		dian stations, if any, give the name of the	-	-	
	1. CALL SIGN	2. B'CAST CHANNEL NOWBER	3. TYPE OF STATION	4. LOCATION OF STAT	ION
		· · · ·			
	KINC-1	15	l	LAS VEGAS, NV	
	KLAS-1	8	I N	LAS VEGAS, NV	
as Necessary		8 10	l N E	LAS VEGAS, NV LAS VEGAS, NV	
5 Necessary	KLAS-1	8		LAS VEGAS, NV	
Necessary	KLAS-1 KLVX-1	8 10	E	LAS VEGAS, NV LAS VEGAS, NV	
ecessary	KLAS-1 KLVX-1 KSNV-1	8 10 3	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1	8 10 3 13	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
s Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
5 Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
as Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
ıs Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
as Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
as Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
as Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
as Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
5 as Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
; as Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
; as Necessary	KLAS-1 KLVX-1 KSNV-1 KTNV-1 KVCW-1	8 10 3 13 33	E N	LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	

EGAL NAME OF								SYSTEM 0632
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of a for 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 abour m. lentify the call tate whether t the radio stat this by placing ive 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 s opyright Office regulations on the 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 used by the FC	2) it can ertain st general in eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
						 		
						<u> </u>		
						 		
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							FOF	RM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063280		
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM LO)G					
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	accounting perio	od, under sp	ecific present and former F	CC rules, reg	ulations, or	authorizati	ons. For a further		
Carriage:	1. SPECIAL STATEMEN				5					
Special	During the accounting pe				asis. anv nonr	network tel	evision pro	aram		
Statement and Program Log	broadcast by a distant sta	-	,				YES			
r rogram zog			et of this na	ge blank. If your answer i	s "Ves " vou r	ust comp	-			
	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.									
	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 broot the case of Mexican or Cat 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."	a distant station egulations, or a rites like "movie . Bulls." m was broadca sign of the stat adcast station's nadian stations nth and day wh hive "5/7." nes when the su . Example: a pr ter "R" if the list and regulations	n and that y authorization es" or "bask ast live, entr tion broadc s location (1 s, if any, the nen your sy ubstitute pro- rogram carr ted program s in effect d	ns. See page (v) of the ge etball." List specific progr- er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog uring the accounting perior	ted for the pro eneral instruct am titles, for e "No." ram. le station is lid e program. Us in cable system 1:15 p.m. to 6 gramming that bd; enter the l	censed by entified). se numeral m. List the :28:30 p.m tyour syste etter "P" if	of another ther inform Love Lucy the FCC or s, with the times accu should be the steed p	r station ation. " or ", in month arately e <i>uuired</i>		
	affect on October 10, 1076	as permitted to delete une	der FCC rules	and regula	ations in					
	effect on October 19, 1976			·	WHE		TUTE	7 REASON FOR		
		UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES	7. REASON FOR DELETION		
	s	UBSTITUTE F	PROGRAM	·	WHE CARRI	N SUBSTI	TUTE URRED			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
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	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
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	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
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	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES	7. REASON FOF DELETION		
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			
	s	UBSTITUTE F	PROGRAM		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES			

Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
	CEQUEL COMMUNICATIONS LLC 063280
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)
	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	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# 063280
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	7 20
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	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 ow 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 herein 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)] Mathematical examples of the statement. 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: ALAN DANNENBAUM	system as identified /ner of the cable system
	Title: 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.

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AL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMU	UNICATIONS LLC	06328
The Satellite Ho lowing sentence "In deter service of scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	aper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
•	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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