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

Constraining Period DATE RECEIVED AMOUNT Soperational for a soperation of the U.S. Copyright on the U.S. Copyright of the U.S. Copyright allocation in the U.S. Copyright of the U.S. Copyright allocation in the U.S. Copyright of the U.S. Copyris the U.S. Copyright of the U.S. Copyright of the U.S.	STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
Cable Systems (Short Form) Image: Control of the c	-				-
General instructions are located in the first tab of this workbook 8/30/21 \$ ALLOCATION NUMBER ALLOCATION NUMBER For additional information, information, and the capy of the classing Division at Term (202) 707-8160 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Image: Classing Division at Term (202) 707-8160 Image: Classing Division at Classing Division. B Image: Classing Division Division. Image: Classing Division Division Division Division Division Division Division Division Division. B Image: Classing Division Division. Image: Classing Division Divi			BATEREDENED		coplicsoa@copyright.gov
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A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY((Period)) \$\u00edcolor{1}\$ \$\u00edcolor{1}\$	in the first tab	of this workbook		ALLOCATION NUMBER	
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Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20211 Bercode Data Filing Period (optional - see instructions) Accounting Period Instructions: Ins					
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Accounting Period Instructions: B Owner Instructions: Ust any other name or names under which the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Ust any other name or names under which the owner on the table 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 royally fee payment covering the entire accounting period. 063349 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 063349 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 Number: steed, rolan, spathment, ender number) TYLER, TX 75701 CR System NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 DENTIFICATION OF CABLE SYSTEM: JAMES CRABTREE CORRECTIONAL FACILITY MAILING ADDRESS OF OF CABLE SYSTEM: JAMES CRABTREE CORRECTIONAL FACILITY	A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
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Period B Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. 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 fee payment covering the entire accounting period. D63349 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. D63349 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 Number, street, rot submember) TYLER, TX 75701 (CMD, team, state, 20) MILING ADDRESS of rouge number) TYLER, TX 75701 (CMD, team, state, 20) C System INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 DENTIFICATION OF CABLE SYSTEM: JAMES CRABITEE CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM: JAMES CRABITEE CORRECTIONAL FACILITY		20211	Barcode Data Filing Period (optiona	I - see instructions)	
B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Use of the subsidiary, not that of the parent corporation. 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 fee payment covering the entire accounting period. D063349 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. D063349 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Vamber, street, rulei route, spettement) Type, the rule route another 3027 S SE LOOP 323 Vamber, street, rulei route, agaitment, or suble number) Type, Type 3701 Cicky, town, state, 3(b) Owner, and ready appear in space B. In line 2, give the malling address of the system, if different from the address given in space B System 1 DENTIFICATION OF CABLE SYSTEM: 2 2 Number, street, rulei route, apartheret, or suble number) </th <th>-</th> <th></th> <th>1</th> <th></th> <th></th>	-		1		
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Single statement of account and royalty fee payment covering the entire accounting period. 063349 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 063349 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Cequel communications LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OCABLE SYSTEM 3027 S SE LOOP 323 (Number, streat, rural route, apartment, or sulle number) TYLER, TX 75701 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 DENTIFICATION OF CABLE SYSTEM: 2 Number, streat, rural route, apartment, or sulle number)	Owner	List any other name or names under whic	ch the owner conducts the business of	the cable system.	
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C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: JAMES CRABTREE CORRECTIONAL FACILITY 2 (Number, street, rural route, apartment, or suite number)		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1	
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MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or sulte number) TYLER, TX 75701 (CBy, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: JAMES CRABTREE CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or sulte number)		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)	
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1 JAMES CRABTREE CORRECTIONAL FACILITY Mailing address of cable system: 2 (Number, street, rural route, apartment, or suite number)	С				
JAMES CRABTREE CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	System	IDENTIFICATION OF CABLE SYSTEM:			
2 (Number, street, rural route, apartment, or suite number)		JAMES CRABTREE CORR	ECTIONAL FACILITY		
		MAILING ADDRESS OF CABLE SYSTEN	1:		
(City, town, state, zip code)		2 (Number, street, rural route, apartment, or suite r	umber)		
		(City, town, state, zip code)			
	L				

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:	SYSTEM II
	CEQUEL COMMUNICATIONS LLC	06334
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	lobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	HELENA	ОК
Community	(JAMES CRABTREE CORR)	
d Rows as Necessary		
nows as necessary		
	ากการการการการการการการการการการการการกา	

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
		FIONS LLC							06334
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCF	BERS AND R	ATES				
Ε	In General: The information in s								
0	system, that is, the retransmission	on of television	and ra	idio broadcasts	by your sy	/stem to subscri	bers. Give	information	
Secondary Transmission	about other services (including plast day of the accounting period						inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	·				,	ble system	, broken	
scribers and	down by categories of secondar	,		0 / 1					
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ne and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additio	nal sets would l	be include	d in the count ur	nder "Servi	ce to the	
	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					,		, 0	
	sufficient.	,	0			·			
	BLC	DCK 1					BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBOCIVID			UX II		WICE	SOBSCIUDEIUS	
	Service to first set		0	_					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		11	42.41					
	Converter								
	Residential								
	Non-residential								
					1				
	SERVICES OTHER THAN SEC				-	ll vour cable sv	stom's son	vices that were	
F	In General: Space F calls for rain not covered in space E, that is, t	•	,		-				
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usuall	y billed. If any r	ates are cl	narged on a vari	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a				ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclu	de the	rate for each.					
		BLO						BLOCK 2	-
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential				
	• Pay cable	-		otel, hotel					
	Pay cable—add'l channel	-		ommercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	iannei				
	Installation: Residential			e protection					
	First set Additional set(s)	-		rglar protection					
	 Additional set(s) FM radio (if separate rate) 	-		services:					
	• Converter			sconnect		-			
	COnverter			itlet relocation					
	i i i i i i i i i i i i i i i i i i i			and a cloud li U l		-			l
				ove to new addr					

Name CEQUEL COMMUNICATIONS LLC Primary 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, except (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 76.5.9(d)(2) and (4), 76.61(e)(2) and (4), 77.6.61(e)(2) and (4), 77.6.61(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 and explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis and explained in the next paragraph. • Do not 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 only on a substitute basis stations, see page (v) of the general instructions. • Oolumn 1: List each station's call sign. Do not 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 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), "T-M" (for independent, "I-M" (for independent), "I-M" (for independent), "I-M" (for independent), "I-M"	ting Period:	-				
CEQUEL COMMUNICATIONS LLC PRIMARY TRANSITTERS: TELEVISION IN Genet: In space C, 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 equilations in effect on June 24.1 (98.1, permitting the carriage of certain network programs issections 75.59(d)(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, as explained in the next paragraph. Do not list the station here, and also in space 1. If the station was carried by our cable system on a substitute paragram. Cagp—if the station was carried to space 1. If the station was carried by our cable system on a substitute paragram. Cagp—if the station was carried to rule as the constructions. Column 1: List existion here, and also in space 1. If the station was carried by our cable system on a substitute paragram. Cagp—if the station was carried to rule as the space 1. If the station was carried by our cable system our any constructions. Column 3: List existion of sing pace 1. If the station was carried by our cable system on a substitute paragram. Cagp—if the station is a network station, an independent station, or a noncommercial ducation and the space 1. If the station is carried by our cable system out any structure. Column 3: Indicate in each case whether the station is a network station, an independent station, is concommercial educational rulticast). F	Name				SYSTE	
G 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, except (1) stations carried only on a part-time basis under PCC rules and regulations in affect on June 24.1981, permitting the carriage of carlain network programs [sections 76.59(1(2)) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute basis rule argoritaph. Felevision Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as expanding in the station scarried by your cable system on a substitute program basis. • To and list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis stations, see page (V) of the general instructions. • List the station here, and also in space 1, if the station rargerin services such as HEO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WFLA2" as the same on the form. Column 1: Exite sease con the form. Column 4: Give the channel number the FCC assigned to the television station, or anoncommercial educations and on a substitute program subscitus. Column 3: Indicate in each case whether the station is an etwork station, an independent station, or a noncommercial educational multicast). Te' (for independent station, or an concommercial educational multicast). Te' for the meaning of these general instructions. No the Advection of the general instructions. Nocclantin 4. Loccation of scat station. For U.S. stati					Ub	3349
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. I CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KAUT-1 4. LOCATION OF STATION KAUT-1 43 I KAUT-1 43 I Rows as Necessary KFOR-1 4 KFOR-1 4 MKFOR-1 A KFOR-1 A KFOR-1 A KFOR-1 A KFOR-1 A KFOR-1 A KFOR-1 OKLAHOMA CITY, OK KOCO-1 5 N OKLAHOMA CITY, OK KOCO-1 5 N OKLAHOMA CITY, OK KOCO-1 5 I OKLAHOMA CITY, OK KOPX-1 62	rimary smitters:	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • 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 chann- of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to	TELEVISION entify every television station (including to 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 telew /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (fi, "E" (for noncommercial educational), or erms, see page (iv) of the general instruct	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a si- e Special Statement and Program I both on a substitute basis and al see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	television stations) t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er a noncommercial pendent), "I-M" ttional multicast).	334
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	OWNER OF OMMUNICA							SYSTEM 0633
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper 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 recei t the Co sign of e he static ion's sign g a check n's locatio	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 ante this point, see pa ed by the cable s he station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
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CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
			·					

Accounting Perio							F	ORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							8YSTEM ID# 063349
	SUBSTITUTE CARRIAG		AL STATEME)6			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every no	onnetwork televi period, under sp	<i>sion program,</i> broadcast b becific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, c	or authoriz	ations. For a further
Carriage:	1. SPECIAL STATEMEN				and general inc	Structions		
Special	During the accounting pe				asis. anv nonr	network te	elevision	program
Statement and Program Log	broadcast by a distant sta		,	, ,	, ,			-
r rogram zog	Note: If your answer is "No		e rest of this na	ige blank. If your answer i	s "Ves " vou r	nust.com		
	log in block 2.			ige blank. If your answer i	3 103, you1	nust com		program
	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." Column 7: Enter the lett to delete under FCC rules was substituted for program	of every no a distant sta egulations, ries like "m. Bulls." m was broa sign of the adcast stat nadian stati nth and day ive "5/7." ees when th . Example: ter "R" if the and regulat mming that	onnetwork tele ation and that y or authorizatio ovies" or "bask adcast live, ent station broadc ion's location (ions, if any, the y when your sy he substitute pr a program car e listed program tions in effect c	vision program ("substitut our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter asting the substitute prog the community to which the e 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 period	ted for the pro eneral instruct am titles, for e "No." ram. le station is lit e station is lit e program. Us in cable system 1:15 p.m. to 6 gramming that bd; enter the l	ogrammin ions for fu example, " censed by entified). se numera m. List the 5:28:30 p.1 t your sys letter "P" i	g of anot urther info "I Love Lu / the FCC als, with t e times ac m. should tem was / f the liste	her station rmation. .cy" or cor, in he month ccurately be required d program
	effect on October 19, 1976) 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> т</u>	0
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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 063349
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
	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.

Nama	Accounting Period	2021/1	FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of channels on which the cable system carried believations breadcast stations to be subteres; and (2) the cable system's total number of activated channels of unity the cable system carried believations breadcast stations 11 I. Enter the total number of activated channels on which the cable system carried believation breadcast stations I. Enter the total number of activated channels on with the cable system carried believation breadcast stations I. Enter the total number of activated channels on with the cable system carried believation breadcast stations I. Enter the total number of activated channels on with the cable system carried believation breadcast stations I. Enter the total number of activated channels on with the cable system carried believation breadcast stations I. Enter the total number of activated dual is statement of account.) Be Contacted Tor Further Name RODNEY HASKINS Determine the cable system carried believation to readonast interview. Telephone (903) 579-3152 Mares Bernal RODNEY HASKINS@ALTICEUSA.COM Fax (optional) Type: Tx 75701 (b) then when x.20 Ennut RODNEY HASKINS@ALTICEUSA.COM Pax (optional) O(option of the cable system as identified in line 1 of space 8; or (b) then when x.20 (c) (option of the cable option or partnership) 1 an the dua autocicat agent of the cable system as identified in line 1 of space 8; or (c) (option of the cable correct of the capporation or partnership) 1 an the dual autocicat agent of th	Name		SYSTEM ID# 063349
Individual to Be Contacted for Further Information Name RODNEY HASKINS Telephone (903) 579-3152 Name 3027 S E LOOP 323 [Nimbur, strest, final rode, spathmet, or sulte number] Telephone (903) 579-3152 Address 3027 S E LOOP 323 [Nimbur, strest, final rode, spathmet, or sulte number] TLEE, TX 7501 [City, Iown stills, app] Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) O Certification • I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) O • Other other than corporation or partnership) I am the duly authorized agent of the coble system as identified in line 1 of space B and that the owner is not a cooporation or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • In the of space B. • Inter an ediction of a corporation or a partnership) I am the duly authorized agent of the coble system as identified in line 1 of space B. • In the statement of account and brevy decise under penalty of iaw that al statements of fact contained herein are true, compared. and oracic (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • In the statement of account and brevy decise under penalty of iaw that al statements of fact contained herein are true, compared. • (Alan Dannenbaum • US C., Section 1001(1986); • (Alan Dannenbaum • (A and there in eabo		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	
Information Address 3027 S SE LOOP 323 (Number, specification, specification, or suite number)	Individual to	we can contact about this statement of account.)	
(City, town, state; zp) 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, but only one, of the boxes.) • Omegan the undersigned of the comportation or partnership) I am the owner of the cable system as identified in line 1 of space B, or • In line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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. ISUS.C., Section 1001(1986) Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)		Address 3027 S SE LOOP 323	(903) 579-3152
O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system in line 1 of space B. • 1 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 bellef, and are made in good faith. [18 U.S.C., Section 1001(1986)] Image: Delta Contained Delta Containe		(City, town, state, zip)	
Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 7/22/2021	-	 I, the undersigned, hereby certify that (Check one, but only one, 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 hereia 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)] M / 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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) 	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 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.

QUEL COMMUNICATIONS LLC 063 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: Image: Communication of the statellite dist of the statellite carrier (s) below. P Special Statement councerning period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dist owners? Image: Communication of the statellite carrier(s) below. Image: Communication of the state communication of the statellite carrier(s) below. Image: Communication of the communication of the communication of the state communication of the communication of the communication of the state communication of the communication of	ounting Period: 2	021/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stateline Home Viewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Capyright Act by adding the fol- towing sentence: The 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 anounts collected from subscribers receiving secondary transmissions prusant to sect on 112. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions tocated in the paper SA1-2 form. The paper SA1-2 form. The stateline carriers to satellite carrier(s) below. There There is the total here and list the satellite carrier(s) below. There There is the system to runderpayment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. There is a mount of late payment or underpayment There is a mount of late payment or underpayment There is a subscribe of those crypting payments submitted as a result of a late payment or underpayment. For an explanation of interest rate* and enter the sum here There is a Multiply line 1 by the interest rate* and enter the sum here There is a Multiply line 2 by the number of days late and enter the sum here There is a Multiply line 2 by the number of days late and enter the sum here There is a for further assistance please contract the Loensing Division at (202) 707-8 150 or licensing/interest-rate pay. The Site influe the location of 1/386, which is the interest assessment for one day late. The Site influe the location of 1/386, which is the interest assessment for one day late. The Site below the owner, address, first community served, ID number, and account agreed as given in the original filing.	AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM I
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(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	Line 1 Enter th	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The amount of late payment or underpayment	Q Interest Assessme
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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 th 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.