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	ΕΝΤ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Syste General instru in the first tab	ictions	are located	8/30/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACC	OUNTING 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					
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 a	corporate
Owner		List any other name or names under whic	h the owner conducts the business of	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 should nting period.	d submit a
		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.	063850
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Т)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu	umber)		
		TYLER, TX 75701 (City, town, state, zip)			
С				entify the business and operation of the system, if different from the addre	
System		IDENTIFICATION OF CABLE SYSTEM:	2, 9.00 0.00		
	1	MADISON CORRECTIONAL			
		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	063850
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter know
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MADISON	IN
Community	(MADISON CORRECTIONAL FACILITY)	
dd Rows as Necessary		
,		

	Т								SA1-2E. P	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					S	STEN	
	CEQUEL COMMUNICAT	FIONS LLC							063	585
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in s	•		-		•				
<u> </u>	system, that is, the retransmission					•				
Secondary Transmission	about other services (including plast day of the accounting period						nose exist	ing on the		
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ble svstem	. broken		
scribers and	down by categories of secondar	-					•			
Rates	each category by counting the n			0,0				charged		
	separately for the particular serv					•	,			
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•			-			
	category, but do not include disc	· ·		,			s wiu iir a			
	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						idei Seivi			
	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.	DCK 1					BLOCK	· •		
	DLC	NO. OF	:				BLUCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBER	S R/	ATE
	Residential:									
	 Service to first set 		0	-						
	 Service to additional set(s) 		0	0						
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		19	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC						4 1			
F	In General: Space F calls for rain not covered in space E, that is, t	•	,		-	• •				
-	service for a single fee. There ar					,	,			
Services	furnished at cost or (2) services	•			0		0.0			
Other Than	amount of the charge and the ur		usually	/ billed. If any r	ates are cl	harged on a vari	able per-p	rogram basis,		
Secondary	enter only the letters "PP" in the		ha aahi	a avatana fan a	ach af tha	annliachta ann <i>i</i> i	and linted			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	• •				••		were not		
Rates	-	• •			-	-				
Rates	listed in block 1 and for which a	separate charg		made or establ		linese oliner ser				
Rates	listed in block 1 and for which a brief (two- or three-word) descrip					these other ser				
Rates			de the r					BLOCK 2		
Rates		otion and inclue	de the r CK 1			RATE	CATEGO	BLOCK 2 DRY OF SERVIO	CE R/	ATE
Rates	brief (two- or three-word) descrip	otion and inclue BLO	de the r CK 1 CATEC	ate for each.	VICE		CATEGO		CE R/	ATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and inclue BLO	de the r CK 1 CATEC Install	ate for each. GORY OF SER	VICE		CATEGO		CE R/	ATE
Rates	CATEGORY OF SERVICE Continuing Services:	otion and inclue BLO	de the r CK 1 CATEC Install	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO		CE R/	ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable	VICE		CATEGO		CE RA	ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l c	VICE		CATEGO		CE R/	ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	WICE idential		CATEGO		CE R/	ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l c	WICE idential		CATEGO		CE R/	ATE
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)	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	WICE idential		CATEGO		CE R/	ATE
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	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu Other	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable e protection rglar protectior	WICE idential		CATEGO		CE R/	ATE
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)	otion and inclue BLO	de the r CK 1 CATEC Install • Mo • Co • Pa • Fin • Bui Other • Re	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	WICE idential		CATEGO		CE R/	ATE
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)	otion and inclue BLO	de the r CK 1 CATEC Installi • Mo • Co • Pa • Fird • Bui • Bui • Bui • Re • Dis	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services: connect	WICE idential		CATEGO		CE R/	ATE

nting Period: 2				FORM	SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF				SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC			063850
	PRIMARY TRANSMITTERS:				
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on		t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the	
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	see page (v) of the general instruc orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove	ctions. SPN, etc. Identify each port multistream r the air in its community	
	Column 3: Indicate in each	n case whether the station is a network ering the letter "N" (for network), "N-M" (•		
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana	, "E" (for noncommercial educational), c 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	or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the station he community with which the station	tional multicast). n is licensed by the n is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STA	TION
	KNVA-1	54	Ι	Austin, TX	
	WHAS-1	11	N	Louisville, KY	
ws as Necessary	WLKY-1	32	Ν	Louisville, KY	
ws as Necessary	-				
	WBKI-1	58	<u> </u>	Campbellsville, KY	
	WBKI-1 WDRB-1	58 41	l		
			I I N	Campbellsville, KY	
	WDRB-1	41	 	Campbellsville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3	I 1 N I	Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3	 	Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3	I I N I	Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3	I I N I	Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3	I I N I	Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3	I I N I	Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	
	WDRB-1 WAVE-1	41 3		Campbellsville, KY Louisville, KY Louisville, KY	

EGAL NAME OI								SYSTEM 0638
	every radio s	station ca	rried on a separate and discr nerally receivable by your cab					н
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing ive the station	rning Al y the sys be recein to the Co sign of e the station ion's sign g a chech n's location	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. In is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office in it the system's he system's FM anter this point, see particular sed by the cable so ne station is licen	regulations, an eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	PFM sig () it can ertain st eneral in eparate a	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		AM or FM	8/0		
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AIM OF FIM	S/D	LOCATION OF STATION	
		<u> </u>						
		<u> </u>						
		<u> </u>						
								
	·							

							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063850
			_0					003050
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LC)G			
I	In General: In space I, iden substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	• During the accounting pe	riod, did you	r cable syster	m carry, on a substitute ba	asis, any nonr	network tele	vision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	nust compl	ete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUT							
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo 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 let to delete under FCC rules was substituted for program	a distant stati egulations, o rries like "mo . Bulls." m was broad l sign of the s adcast statio nadian statio nth and day ive "5/7." nes when the a. Example: a ter "R" if the and regulatio	ion and that y r authorization vies" or "bask dcast live, ent station broadc on's location (i ons, if any, the when your sy e substitute pr a program carr listed prograr ons in effect d	ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter asting the substitute prog the community to which th e community with which th stem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting perio	ted for the pro- neral instruct am titles, for e "No." ram. le station is lite e station is lite e program. Us r cable system 1:15 p.m. to 6 pramming that bd; enter the l	ogramming ions for furl example, "I censed by t entified). se numeral m. List the :28:30 p.m : your syste etter "P" if i	of another ther informa Love Lucy' he FCC or, s, with the times accur times accur thes accur the should be m was <i>requ</i> the listed pr	station ation. ' or , in month rately <i>uired</i>
			,	as permitted to delete und	der FCC rules	and regula	ations in	
	effect on October 19, 1976			·	WHE	N SUBSTI	TUTE	7. 554000 505
	s	UBSTITUTE	E PROGRAM	·	WHE CARRI	N SUBSTI	TUTE	7. REASON FOR DELETION
		UBSTITUTE		·	WHE	N SUBSTI	TUTE URRED	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	s	UBSTITUTE	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	

Accounting Period:	2021/1 FORM SA1-2E.	PAGE 6.
Name		EM ID#
Name	CEQUEL COMMUNICATIONS LLC 00	63850
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.	
L Copyright Royalty Fee	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	2.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52	2.00
	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)	
		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
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	7.00
	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.	

Nome	EGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063850
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 46
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	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	(903) 579-3152
	TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
0	EERTIFICATION (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.) • (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 or 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 or 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 herely 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)) Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

unting Period: 202	1/1			FORM SA1-2E. PAGE
AL NAME OF OWNER	R OF CABLE SYSTEM:			SYSTEMI
	IICATIONS LLC			0638
The Satellite Hom lowing sentence: "In determi service of p scribers an	TEMENT CONCERNING GROSS RE e Viewer Act of 1988 amended Title 17, sectio ning the total number of subscribers and the g providing secondary transmissions of primary b d amounts collected from subscribers receivin ion on when to exclude these amounts, see the	n 111(d)(1)(A), of the ross amounts paid to proadcast transmitters g secondary transmis	Copyright Act by adding the fol- the cable system for the basic , the system shall not include sub- sions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
located in the pape		e note on page (vii) of	the general instructions	
-	ting period, did the cable system exclude any carriers to satellite dish owners?	amounts of gross rece	eipts for secondary transmissions	
	e total here and list the satellite carrier(s) below	N	\$	
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