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		OF ACCOUNT	FOR COPYRIG	IT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	_
Cable Syste	-	-			<u>coplicsoa@copyright.gov</u>
			0/20/24	\$	For additional information, contact the U.S. Copyright
General instru			8/30/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this	workbook		ALLOCATION NUMBER	
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
		20211	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:	ha cable system. If the owner is a sub	sidiary of another corporation, give the full	corporato
В		title of the subsidiary, not that of the pare			
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	accounting period, only the owner on	the last day of the accounting period should	d submit a
		single statement of account and royalty fe	ee payment covering the entire accour	nting period.	008649
		Check here if this is the system's first filing	g. If not, enter the system's ID number	r assigned by the Licensing Division.	000045
		I			
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC		_	
		BUSINESS NAME(S) OF OWNER OF	- CABLE SYSTEM (IF DIFFEREN	1)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF 3027 S SE LOOP 323	CADLE STOTEM		
		(Number, street, rural route, apartment, or suite n	umber)		
		City, town, state, zip)			
С				ntify the business and operation of the output of the outp	
System	name	IDENTIFICATION OF CABLE SYSTEM:	2, give the mailing address of th	ne system, if different from the addre	ess given in space B
Gyötölli	1	CUSHING, OK			
		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	008649
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	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter knowr ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	obile home parks should be reported in parentheses below the
First	CITY OR TOWN CUSHING	STATE OK
Community		
-		
d Rows as Necessary		

	Т						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					
	CEQUEL COMMUNICAT	FIONS LLC						00864
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBER	S AND RATES				
E	In General: The information in s	•		-	•			
Cocondom	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					those exist	ing on the	
Service: Sub-	Number of Subscribers: Both					ble system	, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n			0 ) (		<i>,</i>	charged	
	separately for the particular serv Rate: Give the standard rate c				•	,	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. <b>Not</b> 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 nynt-nanu i		lee-word descrip		Service is	
	BLC	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB			TEGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIAD		0,1		WICE	CODOCINIDEINO	1011
	Service to first set		1,048	34.99				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		61	45.95				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for rat			-	• •			
•	not covered in space E, that is, t service for a single fee. There ar				,	,		
Services	furnished at cost or (2) services	•		Ũ				
Other Than	amount of the charge and the ur		usually billed	. If any rates are	charged on a var	iable per-pi	rogram basis,	
Secondary	enter only the letters "PP" in the		iha aabla ayat	ana fan arab af th	a annliachta ann i	ana lintad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that		•				were not	
nutoo	listed in block 1 and for which a							
	brief (two- or three-word) descrip	otion and inclu	de the rate for	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY	OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installation:	Non-residential				
	• Pay cable	17.00	<ul> <li>Motel, ho</li> </ul>					
	Pay cable—add'l channel	19.00	Commer					
	Fire protection		<ul> <li>Pay cable</li> </ul>					
			-	e-add'l channel				
	•Burglar protection		<ul> <li>Fire prote</li> </ul>	ection				
	Installation: Residential							
	Installation: Residential  • First set	99.00	• Burglar p					
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>	99.00 25.00	• Burglar p Other servic	es:				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar p Other servic • Reconne	ct	40.00			
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>		• Burglar p Other servic • Reconne • Disconne	e <b>s:</b> ct ct				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar p Other servic • Reconne • Disconne • Outlet rel	e <b>s:</b> ct ct	40.00 25.00 99.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		008
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast). For the meaning of these to <b>Column 4:</b> Give the location	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-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a su e Special Statement and Program both on a substitute basis and al- iee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision 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. he 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
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-1	43	I	OKLAHOMA CITY, OK
	KAUT-2	43.2	I-M	OKLAHOMA CITY, OK
Rows as Necessary	KAUT-HD1	43	I-M	OKLAHOMA CITY, OK
-	KETA-1	13	E	OKLAHOMA CITY, OK
	KETA-2	13.2	E-M	OKLAHOMA CITY, OK
	KETA-HD1	13	E-M	OKLAHOMA CITY, OK
	KFOR-1	4	Ν	OKLAHOMA CITY, OK
	KFOR-2	4.2	I-M	OKLAHOMA CITY, OK
	KFOR-HD1	4	N-M	OKLAHOMA CITY, OK
	KOCB-1	34	l	OKLAHOMA CITY, OK
	KOCB-2	34.2	I-M	OKLAHOMA CITY, OK
	KOCB-3	34.3	I-M	OKLAHOMA CITY, OK
		34.3 34	I-M I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-3			
	KOCB-3 KOCB-HD1	34		OKLAHOMA CITY, OK
	KOCB-3 KOCB-HD1 KOCM-1	34 46	i-M I	OKLAHOMA CITY, OK NORMAN, OK
	KOCB-3 KOCB-HD1 KOCM-1 KOCO-1	34 46 5	i-M i N	OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK
	KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2	34 46 5 5.2	I-M I N I-M	OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1	34 46 5 5.2 5	I-M I N I-M	OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1	34 46 5 5.2 5 25	I-M I N I-M N-M I	OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-2	34 46 5 5.2 5 25 25 25.2	I-M I N I-M I-M I I-M	OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-2 KOKH-3	34 46 5 5.2 5 25 25 25.2 25.2 25.3	I-M I N I-M I-M I I-M I-M	OKLAHOMA CITY, OK         NORMAN, OK         OKLAHOMA CITY, OK
	KOCB-3 KOCB-HD1 KOCM-1 KOCO-1 KOCO-2 KOCO-HD1 KOKH-1 KOKH-2 KOKH-3 KOKH-HD1	34 46 5 5.2 5 25 25 25.2 25.3 25 3 25	I-M I N I-M I-M I I-M I-M	OKLAHOMA CITY, OK         NORMAN, OK         OKLAHOMA CITY, OK

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name				800
	PRIMARY TRANSMITTERS:			
G	carried by your cable syste	lentify every television station (including tra em during the accounting period, except (	1) stations carried only on a pa	rt-time basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61( substitute program basis, a	in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(referring to 76.61(referring to 76.61)) as explained in the next paragraph. <b>s:</b> With respect to any distant stations carr	(e)(2) and (4))]; and (2) certain s	stations carried on a
	basis under specific FCC r	ules, regulations, or authorizations: re in space G—but do list it in space I (the		
	basis. For further information	also in space I, if the station was carried b fon concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instru	uctions.
	"WETA-2" as the same on	ed with a station according to its over-the-a the form. nel number the FCC assigned to the televis	<b>C</b>	
	Column 3: Indicate in each	VRC is channel 4 in Washington, D.C. h case whether the station is a network sta ering the letter "N" (for network), "N-M" (for	•	
	For the meaning of these te	), "E" (for noncommercial educational), or " erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th	"E-M" (for noncommercial educ tions in the paper SA1-2 form.	ational multicast).
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the stati	ational multicast). on is licensed by the ion is identified.
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	), "E <sup>"</sup> (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b>	ational multicast). on is licensed by the ion is identified. <b>4. LOCATION OF STATION</b>
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1	), "E <sup>"</sup> (for noncommercial educational), or " terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 52	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> I-M	ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1	), "E <sup>"</sup> (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> I-M I	ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1	), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> I-M I I	ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTUL-1	), "E <sup>"</sup> (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 8	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>I-M</b> <b>I</b> <b>I</b> <b>N</b>	ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK TULSA, OK
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTUL-1 KTUL-1 KTUZ-1	), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 52 14 14 8 30	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> I-M I I N I I	ational multicast). on is licensed by the ion is identified.
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTUL-1 KTUZ-1 KTUZ-HD1	), "E <sup>"</sup> (for noncommercial educational), or " terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 8 30 30	"E-M" (for noncommercial educ- tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> I-M I I I I I I I I I	ational multicast). on is licensed by the ion is identified.
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTUL-1 KTUL-1 KTUZ-1 KTUZ-HD1 KWEM-1	), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 52 14 14 8 30 30 30 31	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>I-M</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b>	ational multicast). on is licensed by the ion is identified.
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTUL-1 KTUL-1 KTUZ-1 KTUZ-HD1 KWEM-1 KWTV-1	), "E <sup>"</sup> (for noncommercial educational), or " terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 8 30 30 30 31 9	"E-M" (for noncommercial educ- tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> I-M I I I I N I N	ational multicast). on is licensed by the ion is identified.
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTUL-1 KTUL-1 KTUZ-1 KTUZ-HD1 KWEM-1	), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 52 14 14 8 30 30 30 31	"E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>I-M</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b>	ational multicast). on is licensed by the ion is identified.

CEQUEL CO	MMUNICA	TIONS	LLC						008
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cal						н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	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 the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. In is AM or FM. In al was electronically process of mark in the "S/D" column. In the community to which the the community with which the	at s th se	the system's he ystem's FM ante is point, see pag d by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0/5					0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1					
				-					

Accounting Perio								
Name	LEGAL NAME OF OWNER OF							SYSTEM ID: 008649
								000043
	SUBSTITUTE CARRIAG							
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did your	r cable syster	n carry, on a substitute	basis, any non	network tel	evision pr	
Program Log	broadcast by a distant sta	ation?				ļ	YES	NO
	Note: If your answer is "No	o", leave the r	rest of this pa	ige blank. If your answe	r is "Yes," you	must comp	lete the p	rogram
	log in block 2. 2. LOG OF SUBSTITUT							
	clear. If you need more spa <b>Column 1:</b> Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograi <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cal <b>Column 5:</b> Give the mod first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes	e of every non a distant static egulations, or ries like "mov . Bulls." m was broadd sign of the st adcast statior nadian statior nth and day v ive "5/7." nes when the	nnetwork tele on and that y r authorization vies" or "bask lcast live, ente station broadc n's location (f ns, if any, the when your sy substitute pro-	vision program ("substit our cable system substi ns. See page (v) of the etball." List specific prog er "Yes." Otherwise enter sasting the substitute pro the community to which a community with which stem carried the substit ogram was carried by ye	tuted for the pr general instruc gram titles, for er "No." ogram. the station is li the station is li ute program. U our cable syste	ogramming tions for fur example, "I censed by Jentified). Ise numera m. List the	of anoth ther inforn Love Luc the FCC o Is, with th times acc	er station mation. cy" or or, in e month curately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the li and regulatio mming that yo	listed progran	uring the accounting pe	riod; enter the	letter "P" if	the listed	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the li and regulatio mming that yc ).	listed progran ons in effect d our system w	luring the accounting pe as permitted to delete u	riod; enter the nder FCC rule:	letter "P" if s and regul	the listed ations in ITUTE	
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Accounting Period:	<b>2021/1</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Hame	CEQUEL COMMUNICATIONS LLC 00864
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 form subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.       \$ 299,930.87 (Amount of gross receipts)
	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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
	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 \$ 1,680.31
	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) \$ 1,680.31
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,700.31
	EFT Trace # or TRANSACTION ID #
	<b>Important:</b> 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# 008649
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	34 566
<b>N</b> 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) of the legal entity identified as ow 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 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 hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  (X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:	system as identified mer 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.

ounting Period: 2021/1				FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE	SYSTEM:			SYSTEM
QUEL COMMUNICATION	S LLC			0086
The Satellite Home Viewer Act lowing sentence: "In determining the tota service of providing sec scribers and amounts of	CONCERNING GROSS REC t of 1988 amended Title 17, section I number of subscribers and the gr condary transmissions of primary b ollected from subscribers receiving to exclude these amounts, see the	n 111(d)(1)(A), of the ross amounts paid to t proadcast transmitters g secondary transmiss	Copyright Act by adding the fol- the cable system for the basic , the system shall not include sul sions pursuant to section 119."	D- Special Statemen Concerning Gros Receipts Exclusio
located in the paper SA1-2 for		e note on page (vii) of	the general instructions	
During the accounting period, made by satellite carriers to sa	did the cable system exclude any a tellite dish owners?	amounts of gross rece	eipts for secondary transmissions	5
	and list the satellite carrier(s) belov	v	\$	
	····· ···· ···· ··· ··· ···· ···· ······			
Name Mailing Address		Name Mailing Address		
INTEREST ASSESSMEN				
You must complete this works		bmitted as a result of		
For an explanation of interest a	assessment, see page (viii) of the			
·		general instructions lo	ocated in the paper SA1-2 form.	Interest Assessme
·	assessment, see page (viii) of the	general instructions lo	ocated in the paper SA1-2 form.	Q
Line 1 Enter the amount of la	assessment, see page (viii) of the	general instructions lo	x	Q
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