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

## SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ms (Short Form)			- <u>coplicsoa@copyright.gov</u>
General instru	ctions are located	8/30/21	\$	For additional information, contact the U.S. Copyright
	of this workbook		ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
				-
•				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		ſ		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20211	Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
<b>_</b>	Instructions: Give the full legal name of the owner of the	ne cable system. If the owner is a sub	sidiary of another corporation, give the full o	corporate
В	title of the subsidiary, not that of the pare	ent corporation.		
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		the last day of the accounting period should nting period.	d submit a
	Check here if this is the system's first filin			000932
			assigned by the literating bivision.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1	
	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 no	umber)		
	TYLER, TX 75701 (City, town, state, zip)			
•	INSTRUCTIONS: In line 1, give any busir	ness or trade names used to ide	entify the business and operation of t	he system unless these
С	names already appear in space B. In line	2, give the mailing address of the second seco	he system, if different from the addre	ss given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM: SIBLEY, LA			
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite n			
	Z (Number, street, rural route, apartment, or suite no	umber)		

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.

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		0009
	CEQUEL COMMUNICATIONS LLC	
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter know
	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 ho	ome parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	SIBLEY	LA
Community	DOYLILNE	LA
	DUBBERLY	LA
Add Rows as Necessary	HEFLIN	LA
Add Rows as necessary	LAKE BISTINEAU	
		LA
	RINGOLD	LA
	WEBSTER COUNTY	LA

	· · · · · · · · · · · · · · · · · · ·						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					
	CEQUEL COMMUNICAT	TIONS LLC						00093
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBER	S AND RATES				
E	In General: The information in s			-	•			
Cocondom	system, that is, the retransmission							
Secondary Transmission	about other services (including plast day of the accounting period					lnose exist	ing on the	
Service: Sub-	Number of Subscribers: Both					ble system	, broken	
scribers and	down by categories of secondar					•		
Rates	each category by counting the n		,	0 ) (		,	charged	
	separately for the particular serv Rate: Give the standard rate of				•	,	ro and the	
	unit in which it is generally billed	-				-		
	category, but do not include disc	• •	,			o within a		
	Block 1: In the left-hand block	in space E, th	e form lists t	he categories of s	econdary transmis	sion servi	ce that cable	
	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 right-hand	block. A two- or th	iree-word descript	ion of the s	service is	
		DCK 1				BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE CA	TEGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB			TEGORT OF SET	VICE	30B3CRIBER3	NAT
	Service to first set		653	34.99				
	Service to additional set(s)			54.55				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		21	45.95				
	Converter		<u> </u>	45.95				
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES				
F	In General: Space F calls for rate	te (not subscril	per) informat	ion with respect to	all your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t				,	,		
Services	service for a single fee. There are furnished at cost or (2) services	•	•	Ũ		0.0		
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the			,,,	g		- <b>3</b> ,	
Transmissions:	Block 1: Give the standard rat		•					
Rates	Block 2: List any services that							
	listed in block 1 and for which a brief (two- or three-word) description	vices in the	e ionn of a					
							51.0.01/.0	
	CATEGORY OF SERVICE	BLO RATE		Y OF SERVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	INALE		: Non-residential		CAILO	DIVI OF SERVICE	
	• Pay cable	17.00	• Motel, h					
	Pay cable—add'l channel	19.00	Comme					
	Fire protection		• Pay cab					
	•Burglar protection		•	le-add'l channel				
	Installation: Residential		• Fire pro					
	• First set	99.00	•	protection				
	Additional set(s)	25.00	Other serv	-				
	• FM radio (if separate rate)	_0.00	• Reconn		40.00			
	, , ,							
	Converter		<ul> <li>Disconn</li> </ul>	ect				
	Converter		Disconn     Outlet re		25.00			
	• Converter		Outlet re		25.00 99.00			

	LEGAL NAME OF OWNER OF			SYSTEN
ame	CEQUEL COMMUNIC			000
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, 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 a <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	entify every television station (including im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6) is explained in the next paragraph. : With respect to any distant stations calles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program d 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. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in 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). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLTS-1	24	E	SHREVEPORT, LA
	KLTS-HD1	24	E-M	SHREVEPORT, LA
as Necessary	KLTS-HD1 KMSS-1	24 33	E-M I	
as Necessary			E-M 1 I-M	SHREVEPORT, LA
as Necessary	KMSS-1	33	I	SHREVEPORT, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1	33 33	I	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1	33 33 21	I I-M I	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2	33 33 21 21.2	  -M         	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3	33 33 21 21.2 21.3	i i-M i E-M i-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4	33 33 21 21.2 21.3 21.4	I I-M I E-M I-M I-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1	33 33 21 21.2 21.3 21.4 21	i i-M i E-M i-M i-M i-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1 KSHV-1	33 33 21 21.2 21.3 21.4 21 45	i i-M i E-M i-M i-M i-M i	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1 KSHV-1 KSHV-HD1	33 33 21 21.2 21.3 21.4 21 45 45	I I-M I E-M I-M I-M I-M I I I I I I	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA SHREVEPORT, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1 KSHV-1 KSHV-HD1 KSLA-1	33 33 21 21.2 21.3 21.4 21.4 21 45 45 45 12	i i-M i E-M i-M i-M i-M i M N	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA SHREVEPORT, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1 KSHV-1 KSHV-1 KSLA-1 KSLA-2	33         33         21         21.2         21.3         21.4         21         45         45         12         12.2	i i-M i E-M i-M i-M i-M i i-M i i-M i i-M i i-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1 KSHV-1 KSHV-HD1 KSLA-1 KSLA-2 KSLA-3	33         33         33         21         21.2         21.3         21.4         21         45         45         12         12.2         12.3	i i-M i E-M i-M i-M i-M i M i-M i-M i-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1 KSHV-1 KSHV-HD1 KSLA-1 KSLA-2 KSLA-3 KSLA-4	33         33         33         21         21.2         21.3         21.4         21         45         45         12         12.2         12.3         12.4	i i-M i-M i-M i-M i-M i-M i-M i-	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1 KSHV-1 KSHV-HD1 KSLA-1 KSLA-2 KSLA-3 KSLA-4 KSLA-4	33         33         33         21         21.2         21.3         21.4         21         45         45         12         12.2         12.3         12.4         12	i i-M i E-M i-M i-M i-M i i-M i i-M i-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA MINDEN, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-HD1 KSHV-1 KSHV-HD1 KSLA-1 KSLA-2 KSLA-3 KSLA-4 KSLA-HD1 KTAL-1	33         33         21         21.2         21.3         21.4         21         45         45         12         12.2         12.3         12.4         12         6	i i-M i-M i-M i-M i-M i-M i-M i-	SHREVEPORT, LA         SHREVEPORT, LA         SHREVEPORT, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-4 KPXJ-HD1 KSHV-1 KSLA-1 KSLA-2 KSLA-3 KSLA-4 KSLA-4 KSLA-HD1 KTAL-1 KTAL-HD1	33         33         33         21         21.2         21.3         21.4         21         45         45         12         12.3         12.4         12         6         6	i i-M i-M i-M i-M i-M i-M i-M i-	SHREVEPORT, LA         SHREVEPORT, LA         SHREVEPORT, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         SHREVEPORT, LA
as Necessary	KMSS-1 KMSS-HD1 KPXJ-1 KPXJ-2 KPXJ-3 KPXJ-4 KPXJ-4 KPXJ-HD1 KSHV-1 KSHV-HD1 KSLA-1 KSLA-2 KSLA-3 KSLA-3 KSLA-4 KSLA-HD1 KTAL-1 KTAL-HD1 KTBS-1	33         33         33         21         21.2         21.3         21.4         21         45         45         12         12.2         12.3         12.4         6         6         3	i i-M i-M i-M i-M i-M i-M i-M i-	SHREVEPORT, LA         SHREVEPORT, LA         SHREVEPORT, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         MINDEN, LA         SHREVEPORT, LA

EGAL NAME OI									SYSTEM I 0009
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei it the Co sign of e the 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 s opyright 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	at th sys this sed	he system's hea stem's FM ante s point, see pag I by the cable s station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se ed by the FC	!) it can   ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				1					

Accounting Perio		0.1 B   E 0: ······					M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 000932
	SUBSTITUTE CARRIAG	E: SPECIAL STATEN	ENT AND PROGRAM LO	G			
Substitute	In General: In space I, iden substitute basis during the a	tify every nonnetwork tele accounting period, under	<i>vision program,</i> broadcast by specific present and former F d in this log, see page (v) of t	/ a <i>distant</i> sta CC rules, reg	ulations, or a	uthorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN			ne general inc			
Special			em carry, on a substitute ba	isis. anv nonr	network telev	ision prod	ram
Statement and Program Log	broadcast by a distant sta		<b>3</b> 7			YES	× NO
r rogram zog	Note: If your answer is "No		age blank. If your answer is	с "Vec " уоц г			
	log in block 2.		age blank. If your answer is	5 103, you i	nust comple		gram
	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 prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	of every nonnetwork te a distant station and that egulations, or authorizati ries like "movies" or "bas . Bulls." m was broadcast live, er sign of the station broad adcast station's location nadian stations, if any, th nth and day when your sive "5/7." les when the substitute p . Example: a program ca ter "R" if the listed program	evision program ("substitute your cable system substitut ons. See page (v) of the ge sketball." List specific progra- nter "Yes." Otherwise enter " dcasting the substitute progra (the community to which the community with which the system carried the substitute program was carried by you urried by a system from 6:01 am was substituted for prog	ted for the pro neral instruct am titles, for e "No." e station is lit e station is lit e program. Us r cable syste I:15 p.m. to 6 ramming that	ogramming o ions for furth example, "I L censed by th entified). se numerals m. List the ti :28:30 p.m. t your system	of another her informa love Lucy" he FCC or, , with the r mes accur should be n was <i>requ</i>	station ntion. or in nonth ately <i>uired</i>
	was substituted for program	mming that your system	during the accounting period was permitted to delete unc				ogram
	was substituted for program effect on October 19, 1976	mming that your system	was permitted to delete und	ler FCC rules WHE	and regulat	UTE	
	was substituted for program effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR DELETION
	was substituted for program effect on October 19, 1976 S	uming that your system	was permitted to delete unc	ler FCC rules WHE CARRI	and regulat	UTE	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTIT	UTE IRRED MES	7. REASON FOR

Accounting Period:	2021/1 FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 000932
K Gross Receipts		ice
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	1
	Line 1. Royalty fee for accounting period	
	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	
	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 \$ 180,467.35	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 180,467.35	_
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	-
	7. Multiply line 6 by .005 (enter figure here)	485.67
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	485.67
	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	-
	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) \$ 485.67	_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	505.67
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyright See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informatic	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 000932
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 value of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	22 277
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name     RODNEY HASKINS     Telephone       Address     3027 S SE LOOP 323 (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)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiv 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)]	system as identified mer of the cable system
	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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

	2021/1	FORM SA1-2E. PAGE
L NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMM	UNICATIONS LLC	0009
The Satellite He lowing sentence "In deter service	<b>TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	
made by satelli	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
X NO		
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
You must comp	ASSESSMENT Dete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th		Interest Assessme
Line 1 Enter th	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th	ne amount of late payment or underpayment	Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the or Owner	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the or Owner Address	he amount of late payment or underpayment	Interest Assessme

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