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**

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
03/01/2022	\$ ALLOCATION NUMBER							

Return completed workbook by email to coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 3	31
	20212 Barcode Data Filing Period (optional - see instructions)	
Accounting Period		
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the the subsidiary, not that of the parent corporation.	e full corporate title of
Owner	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 statement of account and royalty fee payment covering the entire accounting period.	should submit a single
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	010487
	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, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
С	<b>TRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operati es already appear in space B. In line 2, give the mailing address of the system, if different from the	
System	IDENTIFICATION OF CABLE SYSTEM:	
	WOODWARD, OK	
	MAILING ADDRESS OF CABLE SYSTEM:	
	(Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

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 filing, a determination that would be made by a court of law.

Accounting Period:	2021/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	010487
Area Served	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 heidentified city.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First	WOODWARD	OK
Community	MOORELAND	OK
Add Rows as Necessary		

Accounting Period: 2021/2 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010487

# Ε

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:	OODOONIDENO	TVATE	OATEGORY OF GERVICE	OODOONIDENO	TVATE		
<ul> <li>Service to first set</li> </ul>	692	34.99					
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	72	45.95					
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							
			1		I		

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>	17.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial		ĺ		
<ul> <li>Fire protection</li> </ul>		• Pay cable		ľ		
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		ĺ		
Installation: Residential		Fire protection		ĺ		
• First set	99.00	Burglar protection		Ì		
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:		ĺ		
• FM radio (if separate rate)		Reconnect	40.00	ľ		
Converter		Disconnect		Ì		
		Outlet relocation	25.00	Ì		
		Move to new address	99.00	Ì		
				ľ		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC SYSTEM ID# 010487

G

#### Primary Transmitters: Television

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 76.59(d)(2) and (4), 76.61(e)(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 under specific FCC rules, regulations, or authorizations:

- 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.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 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 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**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 multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KETA-1	13	E	OKLAHOMA CITY, OK
KFOR-1	4	N	OKLAHOMA CITY, OK
KFOR-HD1	4	N-M	OKLAHOMA CITY, OK
KOCB-1	34	I	OKLAHOMA CITY, OK
KOCB-HD1	34	I-M	OKLAHOMA CITY, OK
KOCO-1	5	N	OKLAHOMA CITY, OK
KOCO-HD1	5	N-M	OKLAHOMA CITY, OK
KOKH-1	25	I	OKLAHOMA CITY, OK
KOKH-HD1	25	I-M	OKLAHOMA CITY, OK
KOMI-1	24	I	WOODWARD, OK
KWTV-1	9	N	OKLAHOMA CITY, OK
KWTV-2	9.2	I-M	OKLAHOMA CITY, OK
KWTV-HD1	9	N-M	OKLAHOMA CITY, OK

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 010487

#### **CEQUEL COMMUNICATIONS LLC**

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	1		, ,		1		1
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						<b> </b>	
						1	
						<del> </del>	
						<del> </del>	
						<b> </b>	
						<del> </del>	
						<del> </del>	
						<b> </b>	
						<b> </b>	
						<del> </del>	
						<del> </del>	
						ļ	
						<del> </del>	
						<del> </del>	
						<b> </b>	
						<del> </del>	
						<del> </del>	
						<b> </b>	
		L					
						<b> </b>	
						<del> </del>	
						<del> </del>	
						ļ	
						1	
						<del> </del>	
						ļ	
		T					
						•	

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE CVCI					FOR	M SA1-2E. PAGE 5.
Name	CEQUEL COMMUNICA							SYSTEM ID# 010487
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant stat Note: If your answer is "No, log in block 2.  2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broa	E: SPECIA fy every nor counting pe ing that mus r CONCER od, did your cion? " leave the E PROGRA itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." In was broad sign of the s	L STATEMEN  Innetwork televis  I	cion program, broadcast be cific present and former F this log, see page (v) of the carry, on a substitute base blank. If your answer is the line. Use abbreviations ows to the tables. Sign program ("substitute ar cable system substitutes. See page (v) of the ger thall." List specific program "Yes." Otherwise enter "sting the substitute program.	y a distant sta CC rules, regu ne general inst sis, any nonne "Yes," you m  wherever pos program") the ed for the prog neral instruction m titles, for ex No."	lations, or au ructions in the etwork televisust complete ssible, if their at, during the gramming of ons for further ample, "I Lo	sion program YES the program ir meaning is a accounting another stater information ove Lucy" or	em carried on a For a further -2 form.  NO m
	the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	th and day re "5/7." es when the Example: a er "R" if the nd regulation ming that y	when your syst substitute prog program carrie listed program ons in effect du	gram was carried by your ed by a system from 6:01 was substituted for progr ring the accounting perio s permitted to delete und	cable system 15 p.m. to 6:2 amming that yd; enter the leer FCC rules a	e numerals,  List the tim 28:30 p.m. s  your system tter "P" if the	nes accurate hould be was <i>require</i> e listed progr ons in	ly d
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. 7	TIMES — TO	DELETION

Accounting Period:					41-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			s	9310487 010487
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	ystem's se on of how t	condary transmo compute this	nission service amount, see	8,508.09
	IMPORTANT: You must complete a statement in space P concerning gross re	ceipts.		(Amount of gro	oss 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 the space K is more than \$137,100 the general instructions located in the paper SA1-2 form for more in the space K is more than \$263,800 the page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	an \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00.  Line 1. Royalty fee for accounting period				0.00
				•	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	198,508.09	_	
	3. Subtract line 2 from line 1	\$	65,291.91	_	
	4. Enter the amount of gross receipts from space K		. \$	198,508.09	
	5. Enter the amount from line 3		. \$	65,291.91	
	6. Subtract line 5 from line 4		\$	133,216.18	
	7. Multiply line 6 by .005 (enter figure here)			\$	666.08
	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				666.08
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K			_	
	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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		. \$	666.08	
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			\$	686.08
	EFT Trace # or TRANSACTION ID #			]	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the		-		

Accounting Period:	2021/2																FORM S	41-2E. F	PAGE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT																	SYSTE 01	M ID#
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the system carried television of the system carried television on which the cable system and nonbroadcast services.	ne cable system's tot f channels on which t broadcast stations f activated channels n carried television bi	tal numb	mber ible	er of ac	tivated	I chann	els duri	ing the a	accou	unting p	eriod.	et station			13			
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ORI	RMATIC	ON IS	NEEDE	E <b>D</b> (Ider	ntify an i	indivi	dual								
for Further Information	Name RODNE	EY HASKINS										ТТ	elephor	ne <b>(9</b> (	03) 579-	-3152			
	(Number, si	SE LOOP 323 treet, rural route, apartme	ent, or sui	suite i	e number	-)													
	(City, town,	<b>, TX 75701</b> state, zip)																	
	Email	RODNEY.HASKII	NS@A	ALT	TICEU	ISA.C	ОМ			F	ax (opti	ional)							
	CERTIFICATION (This state	ment of account mus	st be cei	ertifi	ified an	d sign	ed in a	ccordar	nce with	Сор	yright O	Office re	gulation	ıs)					
O Certification	• I, the undersigned, hereby o						•												
	(Owner other tha	n corporation or par	tnership	hip) l	) I am th	ne own	er of the	e cable	system	as ide	entified i	in line 1	of space	e B; or					
		other than corporation								gent c	of the ow	vner of t	the cable	syste	m as ident	tified			
	X (Officer or partner in line 1 of spa	<b>er)</b> I am an officer (if a ace B.	a corpora	oratio	tion) or a	a partn	er (if a	partners	ship) of t	the le	gal entit	ty identii	fied as o	wner o	of the cable	e system	1		
	I have examined the statem are true, complete, and corre [18 U.S.C., Section 1001(198)]	ect to the best of my kr											ned here	in					
			X	/:	/s/ Ala	an Da	anner	baum	1					_					
			Enter an Enter sigi			_						stateme	nt.						
		Typed or printed n	name:	,	ALA	N DA	NNE	IBAU	M										
		Title:	SVP, F					artnershi	р)										
		Date:									2/1/	2022							

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law

counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	010487
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:  "In 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* 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	
First community served	
Accounting period	

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 filing, a determination that would be made by a court of law.