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	HT OFFICE USE ONLY	 Return completed workbook by email to 				
		ransmissions by	DATE RECEIVED	AMOUNT	_				
	-	Short Form)	DATE RECEIVED		<u>coplicsoa@copyright.gov</u>				
,	,	,		\$	For additional information,				
General instru	ictions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at				
in the first tab	of this	s workbook.		ALLOCATION NUMBER	(202) 707-8150.				
					7				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
				· "					
			1						
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20212	Barcode Data Filing Period (optional	- see instructions)					
		20212]	···· · · · · · · · · · · · · · · · · ·					
Accounting Period									
Feriou									
_		Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subsi	diary of another corporation, give the full corp	orate title				
В		of the subsidiary, not that of the parent c							
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 should submit a								
		single statement of account and royalty f			IDITIL a				
1		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	010561				
			8 , ,						
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER OF	F 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)							
C	INST	RUCTIONS: In line 1, give any busi	ness or trade names used to ide	ntify the business and operation of the	system unless these				
С	name	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM: HUGO, 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 little 17 of the United States Code autorizes the Copyingti Office to collect the personally identifying information (PII) requested on thit 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CEQUEL COMMUNICATIONS LLC 01056							
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I 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	communities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known						
Area Served	identified city.							
	CITY OR TOWN STATE							
First	HUGO	OK						
Community	CHOCTAW COUNTY (PORTION)	OK						
Rows as Necessary								
ions as necessary								

	1							FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID								
	CEQUEL COMMUNICAT			01056						
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRII	BERS AND RA	ATES					
E	In General: The information in s	•		-		•				
Cocondom	system, that is, the retransmission									
Secondary Transmission	about other services (including particular to a service of the accounting period						nose exist	ing on the		
Service: Sub-	Number of Subscribers: Bot						ble system	, broken		
scribers and	down by categories of secondar	-					•			
Rates	each category by counting the n	•	,	0,0				charged		
	separately for the particular serv					•	,	na and the		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•			-			
	category, but do not include disc	· ·	,		ny stanua		5 within a			
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity					0,	•			
	subscriber who pays extra for ca first set" and would be counted of					a în the count ur	ider Servi	ce lo lhe		
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-ha	and block. A tw	vo- or thre	e-word descript	ion of the s	service is		
	sufficient.	0.014.4					BLOO			
	BLO				BLOCK	NO. OF				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		470	34.99						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		33	45.95						
	Converter									
	Residential									
	Non-residential									
			1							
	SERVICES OTHER THAN SEC		NSMISS	SIONS: RATES	S					
F	In General: Space F calls for ra	•	,		•					
I	not covered in space E, that is, t									
Services	service for a single fee. There al furnished at cost or (2) services	•	-		•		0.0			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		-	-		-		-		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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.									
	CATEGORY OF SERVICE	BLO			//05	DATE		BLOCK 2 DRY OF SERVICE		
	Continuing Services:	RATE		ORY OF SER\ tion: Non-resi		RATE	CATEGO	JRT OF SERVICE	RATE	
	• Pay cable	17.00		el, hotel	uentiai					
	Pay cable Add'l channel	17.00		nmercial						
	• Fire protection	13.00		cable						
	Burglar protection			cable-add'l ch	annel					
			-	protection	annei					
	Installation: Posidontial			•						
	Installation: Residential	99.00	• D1182							
	• First set	99.00 25.00		glar protection						
	• First set • Additional set(s)	99.00 25.00	Other s	ervices:		40.00				
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec	ervices: onnect		40.00				
	• First set • Additional set(s)		Other s • Rec • Disc	ervices: onnect connect						
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Disc • Outl	ervices: onnect		40.00 25.00 99.00				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE						
Name	CEQUEL COMMUNIC			01						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ansmitters: elevision	FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is lic								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION									
	K15AA-1	15	E	HUGO, OK						
	KTEN-1	10	N	ADA, OK						
ows as Necessary	KTEN-2	10.2	I-M	ADA, OK						
·	KTEN-3	10.3	N-M	ADA, OK						
	KTEN-HD1	10	N-M	ADA, OK						
	KTEN-HD3	10.3	N-M	ADA, OK						
	KXII-1	12	Ν	SHERMAN, TX						
	KXII-2	12.2	I-M	SHERMAN, TX						
	L									
	KXII-3	12.3	I-M							
	KXII-3 KXII-HD1	12.3 12	I-M N-M	SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
				SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						
	KXII-HD1	12	N-M	SHERMAN, TX SHERMAN, TX						

							SYSTEM I 0105	
PRIMARY TRANSMITTERS: RADIO n 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.								
) it is carried by f monitoring, to formation about orm. dentify the call State whether t	y the sys be rece t the Co sign of the statio	stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	it the system's he system's FM ant his point, see pa	eadend, and (ź enna, during c ge (v) of the g	2) it can eertain si eneral ir	be expected, tated intervals. hstructions in the.	Primary Transmitters Radio	
e this by placing Give the station	g a chec n's locati	k mark in the "S/D" column. on (the community to which th	ne station is licen	sed by the FC	-			
AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
·								
·								
· · · · · · · · · · · · · · · · · · ·								
-								
	ANSMITTERS: st every radio s whose signals actions Conce) it is carried by f monitoring, to formation about orm. Identify the call State whether the f the radio state this by placing Give the stations	OMMUNICATIONS ANSMITTERS: RADIO st every radio station ca whose signals were ge actions Concerning Al) it is carried by the syst f monitoring, to be rece formation about the Co orm. Identify the call sign of State whether the station f the radio station's sig a this by placing a chec Give the station's location nadian stations, if any,	ANSMITTERS: RADIO st every radio station carried on a separate and discr whose signals were generally receivable by your cat actions Concerning All-Band FM Carriage: Under (C) it is carried by the system whenever it is received at f monitoring, to be received at the headend, with the formation about the Copyright Office regulations on to orm. Identify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processe a this by placing a check mark in the "S/D" column. Give the station's location (the community to which the nadian stations, if any, the community with which the	ANSMITTERS: RADIO st every radio station carried on a separate and discrete basis and list whose signals were generally receivable by your cable system during actions Concerning All-Band FM Carriage: Under Copyright Office of) it is carried by the system whenever it is received at the system's here f monitoring, to be received at the headend, with the system's FM anter formation about the Copyright Office regulations on this point, see page orm. Identify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable se this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is licent nadian stations, if any, the community with which the station is identif	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and list those FM stat whose signals were generally receivable by your cable system during the accountin actions Concerning All-Band FM Carriage: Under Copyright Office regulations, ar) it is carried by the system whenever it is received at the system's headend, and (2 f monitoring, to be received at the headend, with the system's FM antenna, during c formation about the Copyright Office regulations on this point, see page (v) of the g porm. Identify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable system as a se a this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is licensed by the FC nadian stations, if any, the community with which the station is identified).	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and list those FM stations car whose signals were generally receivable by your cable system during the accounting period actions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sig) it is carried by the system whenever it is received at the system's headend, and (2) it can f monitoring, to be received at the headend, with the system's FM antenna, during certain si formation about the Copyright Office regulations on this point, see page (v) of the general in orm. Identify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable system as a separate a this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is licensed by the FCC or, in nadian stations, if any, the community with which the station is identified).	ANSMITTERS: RADIO st every radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were generally receivable by your cable system during the accounting period. actions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, if monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. formation about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Dorm. Identify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is licensed by the FCC or, in the case of nadian stations, if any, the community with which the station is identified).	

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					010561
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion, that you	ir cable svs	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	authorization	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions in t	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	 During the accounting per 	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any noni	network telev	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	." leave the	rest of this pa	de blank. If vour answer is	s "Yes." vou i	must comple	te the proc	
	log in block 2.	,		g	, ,			
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			······································	(NI_ 2			
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which the		censed by th	ne FCC or,	in
	the case of Mexican or Car			2		,		
	first. Example: for May 7 give		when your sys	stem carried the substitute	e program. U	se numerals	, with the n	nonth
			e substitute pro	ogram was carried by you	r cable syste	m. List the ti	mes accura	ately
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."		1:					ine el
	to delete under FCC rules a			n was substituted for programing the accounting period				
	was substituted for program							9.5
	effect on October 19, 1976.							
	SI	UBSTITUT	E PROGRAM			N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						_	-	
						_	_	
		+						
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Accounting Period:	2021/2	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	CEQUEL COMMUNICATIONS LLC		010561
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission servic∉ amount, se	458.56 s 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800	
	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 th accounting period is \$52.00.	iis six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	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		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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 DUE		
F W- F			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period: 2	2021/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 010561
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broat to its subscribers, and (2) the cable system's total number of activated channels during the accounting per 1. Enter the total number of channels on which the cable system carried television broadcast stations		11
	and nonbroadcast services		162
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)		
for Further Information	Name RODNEY HASKINS	Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)		
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (option	nal)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Off 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner 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 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fai [18 U.S.C., Section 1001(1986)] 	in line 1 of space wner of the cable ty identified as o ct contained here	B; or system as identified wner of the cable system
	Enter an electronic signature on the line above to certify this statenter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) 2/1/0/		
	Date: 2/1/20	022	
	Date: 2/1/20	022	

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.

EQUEL COMMUNICATIONS LLC D10 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Communication of the set of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Communication of the sector 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.* P Special Statem communication on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Special Statem communication on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Special Statem communication on when to exclude the satellite carrier(s) below. Special Statem communication on when to exclude the satellite carrier(s) below. Special Statem communication on when to exclude the satellite carrier(s) below. Special Statem communication on when the satellite carrier(s) below. Special Statem communication on when the satellite carrier(s) below. Special Statem communication on when the satellite carrier(s) below. Special Statem communication on when the satellite carrier(s) below. Special Statem communication on when the satellite carrier(s) below. Special Statem communication on when the satellite carrier(s) below. Special Statem communication on when the satellite carrier(s) below. Special Statem communication on the satellite carrier(s) below. Special Statem communication on the satellite carrier(s) below. Special Statem communication on the satellite carrier(s)	ccounting Period: 2021/2	2			FORM SA1-2E. PA	AGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stabilite from Viewer Act of 1986 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence:	GAL NAME OF OWNER O)F CABLE SYSTEM:			SYSTE	
The Statilite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sericers. If the Statility is Statility is the Statility is Statility is S	EQUEL COMMUNIC	CATIONS LLC			010)561
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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 Maining Address Maining Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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. Line 1 Enter the amount of late payment or underpayment	The Satellite Home V lowing sentence: "In determinin service of prov	Viewer Act of 1988 amended Title 17, section ng the total number of subscribers and the groeviding secondary transmissions of primary bro	111(d)(1)(A), of the ss amounts paid to padcast transmitter	e Copyright Act by adding the fol- o the cable system for the basic rs, the system shall not include sub-	Special Stateme Concerning Gro	oss
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here x x x x x x <td></td> <td></td> <td>note on page (vii)</td> <td>of the general instructions</td> <td></td> <td>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</td>			note on page (vii)	of the general instructions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Mailing Address Mailing Address INTREEST ASSESSMENT Mailing Address You must complete this worksheet for those royally 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. x Line 2 Multiply line 1 by the interest rate* and enter the sum here x	-		mounts of gross re	ceipts for secondary transmissions		
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You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment						
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Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the am	ount of late payment or underpayment			Interest Assessm	nent
Line 3 Multiply line 2 by the number of days late and enter the sum here				x		
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 2	1 by the interest rate* and enter the sum here			-	
x 0.00274 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				xday	ys	
 in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	Line 3 Multiply line 2	2 by the number of days late and enter the su	m here		<u>-</u>	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	Line 4 Multiply line 3	3 by 0.00274** and enter here				
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