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	<ul> <li>Return completed workbook by email to</li> </ul>					
		nsmissions by	DATE RECEIVED	AMOUNT	_				
Cable Syste	-	-			<u>coplicsoa@copyright.gov</u>				
-				\$	For additional information, contact the U.S. Copyright				
General instru	uctions a	re located	03/01/2022		Office Licensing Division at				
in the first tab	o of this w	vorkbook.		ALLOCATION NUMBER	(202) 707-8150.				
Α	ACCOL	JNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
	2	021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		- ,	1						
			1						
		20212	Barcode Data Filing Period (optional	- see instructions)					
Accounting									
Period									
В	G	Instructions: ive the full legal name of the owner of t f the subsidiary, not that of the parent of		diary of another corporation, give the full corp	orate title				
Owner	li	st any other name or names under whi	the owner conducts the business of t	he cable system					
		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							
		ngle statement of account and royalty f							
	C	heck here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	014199				
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
	с	EQUEL COMMUNICATIONS LLC							
		USINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	)					
	s	UDDENLINK COMMUNICATIONS							
		IAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
	3	027 S SE LOOP 323							
		lumber, street, rural route, apartment, or suite n	umber)						
		City, town, state, zip)							
С				ntify the business and operation of the e system, if different from the address					
System		DENTIFICATION OF CABLE SYSTEM:							
Gystein	1								
		NOCONA, TX IAILING ADDRESS OF CABLE SYSTEM	:						
	2								
	Z (K	lumber, street, rural route, apartment, or suite n	umber)						
	(C	ity, town, state, zip code)							
L									

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
Name	CEQUEL COMMUNICATIONS LLC	014
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete 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.	mmunities within unincorporated areas and including sing will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	NOCONA	ТХ
Community		
dd Rows as Necessary		
·····,		

	1							FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID 01419		
	CEQUEL COMMUNICATIONS LLC										
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	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 exis	ung on the			
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken			
scribers and	down by categories of secondar	-					•				
Rates	each category by counting the n	•		0 , (				s charged			
	separately for the particular serv					•	,	as and the			
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	· ·	,		ny standa		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 subscriber who pays extra for ca					0,	•				
	first set" and would be counted of										
	Block 2: If your cable system					service that are	different	from those			
	printed in block 1 (for example, t										
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the	service is			
	sufficient.	OCK 1					BLOCK	()			
		NO. OF					DLOOP	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		110	34.99							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		15	45.95							
	Converter										
	Residential										
	Non-residential		I								
			T								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
F	In General: Space F calls for ra	•	,		•						
•	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										
Services	furnished at cost or (2) services	•			•		0 (	,			
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are cl	narged on a vari	able per-p	rogram basis,			
Secondary	enter only the letters "PP" in the										
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rales		<b>Block 2:</b> 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) descrip										
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:	INAIL		tion: Non-res		INTE	CAILG				
	Pay cable	17.00		el, hotel	aonna						
	Pay cable—add'l channel	19.00		nmercial							
	Fire protection	10.00		cable							
	•Burglar protection		-	cable-add'l ch	annel						
	Installation: Residential		-	protection							
		99.00		glar protection							
	• First set										
	First set     Additional set(s)		Other c	ervicee							
	<ul> <li>Additional set(s)</li> </ul>	25.00		ervices:		40.00					
	• Additional set(s) • FM radio (if separate rate)		• Rec	onnect		40.00					
	<ul> <li>Additional set(s)</li> </ul>		• Rec • Disc	onnect connect							
	• Additional set(s) • FM radio (if separate rate)		• Rec • Disc • Out	onnect		40.00 25.00 99.00					

ccounting Period:	2021/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#				
	CEQUEL COMMUNIC	ATIONS LLC		014199				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> 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 informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie 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 the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepi- pr "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the				
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.         1. CALL SIGN       2. B'CAST CHANNEL NUMBER       3. TYPE OF STATION       4. LOCATION OF CALL STATION							
	KAUZ-1	6	N					
	KAUZ-2	6.2	I-M _	WICHITA FALLS, TX				
Rows as Necessary	KERA-1	13	E	DALLAS, TX				
	KFDX-1	3	<b>N</b>	WICHITA FALLS, TX				
	KJBO-1	3	<b>I</b>	WICHITA FALLS, TX				
	KJTL-1	18	<b> </b>	WICHITA FALLS, TX				
	KSWO-1	7	N	LAWTON, OK				
	KXII-1	12	N	SHERMAN, TX				

LEGAL NAME O									SYSTEM 014
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing	y the sys be recein t the Co sign of the static ion's sig g a chec	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on 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	at e s th	the system's he ystem's FM antr is point, see page ed by the cable s	eadend, and (; enna, during c ge (v) of the g system as a s	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter: Radio
Mexican or Car	nadian stations	s, if any,	the community with which th		station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								·	
								·	
								·	
								·	

Accounting Perio	od: 2021/2					FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				014199
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
•	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorization	ns. For a further
Substitute Carriage:	explanation of the programm				ne general ins	structions in the paper 5	A I-2 Iorm.
Special	1. SPECIAL STATEMEN	-		-	·	· · · · · · · · · · · · · · · · · · ·	
Statement and	During the accounting per		Ir cable system	n carry, on a substitute ba	sis, any nonr		
Program Log	broadcast by a distant sta	tion?				YES	X NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must complete the prog	Iram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				s wherever p	ossible, if their meaning	g is
				/ision program ("substitute	e program") tl	hat, during the account	ing
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.						01
				er "Yes." Otherwise enter "			
				asting the substitute progr he community to which the		censed by the ECC or	in
	the case of Mexican or Car						
			when your sys	stem carried the substitute	e program. U	se numerals, with the n	nonth
	first. Example: for May 7 giv		a substitute pr	ogram was carried by your	r cable system	m List the times accur	atoly
	to the nearest five minutes.						atery
	stated as "6:00–6:30 p.m."					·	
	to delete under FCC rules a			n was substituted for progr			
	was substituted for program						Sgram
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	
						—	

Accounting Period:	2021/2	FORM SA	I-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	CEQUEL COMMUNICATIONS LLC		014199
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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 a 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.	ission servic∉ amount, se	439.51 (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 \$2 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi accounting period is \$52.00.		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)	0)	
	1. Base amount under statutory formula \$ 263,800.00	/	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	_		0.00
	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)	00)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	Multiply line 5 by 01     S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	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 o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM:			SYSTEM ID# 014199
M Channels	to its subscribers, 1. Enter the total n system carried te	and (2) the cable system's number of channels on whic elevision broadcast stations	total num h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	. 8
	on which the cab	number of activated channel ole system carried television st services	broadca	st stations	59
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		ORMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	9 (903) 579-3152
		3027 S SE LOOP 323 Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigned	d, hereby certify that (Check	one, <i>but o</i> i	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) <b>ip)</b> I am the owner of the cable system as identified in line 1 of space	
	in lin X (Officer in lin • I have examined t	e 1 of space B and that the of r <b>or partner)</b> I am an officer ( ie 1 of space B. the statement of account and and correct to the best of m	owner is n if a corpo hereby d	<b>Partnership)</b> I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as c eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	wner of the cable system
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	1 name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		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 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.

	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	01419
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessmen
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	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	

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