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 COPYRIG	<ul> <li>Return completed workbook by email to</li> </ul>					
		ansmissions by	DATE RECEIVED	AMOUNT	-				
Cable Syste	-	-			<u>coplicsoa@copyright.gov</u>				
-				\$	For additional information, contact the U.S. Copyright				
General instru	uctions	are located	03/01/2022		Office Licensing Division at				
in the first tab	of this	s workbook.		ALLOCATION NUMBER	(202) 707-8150.				
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)					
Accounting			2						
Period									
		Instructions:							
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent of		diary of another corporation, give the full corp	orate title				
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	ee payment covering the entire account	ting period.					
		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	023513				
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER O	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)							
С				ntify the business and operation of the e system, if different from the address					
System		IDENTIFICATION OF CABLE SYSTEM:		· · ·					
	1	GATESVILLE, TX							
		MAILING ADDRESS OF CABLE SYSTEM	:						
	1								
	2	(Number, street, rural route, apartment, or suite p	umber)						
	2	(Number, street, rural route, apartment, or suite n	umber)						
	2	(Number, street, rural route, apartment, or suite n (City, town, state, zip code)	umber)						

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
Name	CEQUEL COMMUNICATIONS LLC	023
D	Instructions: List each separate community served by the cable system. A "commur "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 lis as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including sing t will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
First	CITY OR TOWN GATESVILLE	STATE TX
First Community	FORT GATES	
<b>,</b>		
dd Rows as Necessary		
ad nows as necessary		

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C									
	CEQUEL COMMUNICAT			02351						
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	BERS AND R	ATES					
E	In General: The information in s	•		-		•				
Coordon	system, that is, the retransmission									
Secondary Fransmission	about other services (including particular about other services (including particular about the accounting period						nose exis	ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	, broken		
scribers and	down by categories of secondar	•					•			
Rates	each category by counting the n	•	<i>.</i>	0,0				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	· ·			ny standa		o within a			
	Block 1: In the left-hand block	in space E, th	e form l	ists the catego	ies of sec	ondary 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					0,				
	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 the	e right-r	and block. A tv	vo- or thre	e-word descript	on of the s	service is		
		DCK 1					BLOCK	(2		
		NO. OF		DATE	CAT			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Service to first set		41	34.99						
			41	34.99						
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>									
	,									
	Motel, hotel Commercial		16	45.95						
	Converter		10	45.95						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscril	oer) info	rmation with re	spect to a	ll your cable sys	tem's serv	vices that were		
Г	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	•			•		0.0			
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<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									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res						
	• Pay cable	17.00	• Mo	tel, hotel						
	• Pay cable—add'l channel	19.00	• Cor	mmercial						
	Fire protection		• Pay	/ cable						
	•Burglar protection		• Pay	/ cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection						
	• First set	99.00	• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>	25.00		services:						
	• FM radio (if separate rate)		• Red	connect		40.00				
	• Converter		• Dis	connect						
	Convenier			001111000						
	Conventer		• Out	tlet relocation		25.00				
	Converter				ess	25.00 99.00				

ccounting Period: 2	2021/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID: 023513				
	CEQUEL COMMUNICATIONS LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	<ul> <li>In General: In space G, identify every television station (including translator stations and low power television stations)</li> <li>carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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</li> <li>substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program</li> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>&gt; Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the</li> <li>station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other</li> <li>basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> <li>Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each</li> <li>multicast stream associated with a station according to its over-the-air designation. For example, report multistream</li> <li>"WETA-2" as the same on the form.</li> <li>Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter "N" (for network, station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, multicast), "I" (for independent), "I-M"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general</li></ul>							
				4. LOCATION OF STATION				
	KAKW-1	62	<b>I</b>	KILLEEN, TX				
	KCEN-1	6	N	TEMPLE, TX				
dd Rows as Necessary	KNCT-1	46	E	BELTON, TX				
	KRMA-1	6	E	DENVER, CO				
	KTBC-1	7	<b>I</b>	AUSTIN, TX				
	KWKT-1	44	<b>I</b>	WACO, TX				
	KWTX-1	10	Ν	WACO, TX				
	KXXV-1	25	Ν	WACO, TX				
	KYLE-1	28	I	BRYAN, TX				

	F OWNER OF (							SYSTEM   0238
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t	y the sys be rece It the Co sign of the statio	II-Band FM Carriage: Under ( 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. nal was electronically process	at the system's h system's FM an his point, see pa	eadend, and (: enna, during c ge (v) of the g	2) it can certain s eneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter Radio
ignal, indicate <b>Column 4:</b> G	this by placing live the statior	g a chec n's locati	k mark in the "S/D" column. ion (the community to which the the community with which the	ne station is licer	nsed by the FC			
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	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					023513
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				io general in			
Special	<ul> <li>During the accounting per</li> </ul>	-			sis. anv nonr	network telev	ision proa	am
Statement and Program Log	broadcast by a distant sta		······································		, <b>,</b>		YES	XNO
Frogram Log	-		reat of this no	an blonk. If your analysis	"Vee" veu			
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	nust comple	te the prog	lam
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			ate line. Use abbreviations	wherever p	ossible, if the	eir meaning	, is
	clear. If you need more spa					4 - 1		
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ger	neral instruct	ions for furth	er informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I L	ove Lucy"	or
			dcast live, ente	er "Yes." Otherwise enter "	'No."			
				asting the substitute progr				
	the case of Mexican or Car			he community to which the			e FCC or,	IN
				stem carried the substitute		,	, with the m	nonth
	first. Example: for May 7 giv				6	1 :-4 41 4:		- <b>4</b> - <b>1</b> -
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01				ately
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the lett to delete under FCC rules a			n was substituted for progr				
	was substituted for program							gram
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	SI	UBSTITUT	E PROGRAM			AGE OCCU	IRRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM —		DELETION
						_		
						- - - - - - - - - - - - -		
						- - - - - - - - - - - - - - - - - - -		

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 023513
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 service amount, se	,923.92
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than s527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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	500)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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		
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 the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and the paper SA1-2 form and the Excel instructions tab for more tables and tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as tables are tables as tables as tables are tables are tables as tables are tables as tables are tables are tables as tables are tables are tables as tables are tables as tables are tables are tables are tables as tables are tables ar		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM:			SYSTEM ID# 023513
M Channels	to its subscribers, 1. Enter the total n system carried to 2. Enter the total n	and (2) the cable system's number of channels on whic elevision broadcast stations number of activated channel	total numl h the cab 		9
		ble system carried television			119
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	(903) 579-3152
		3027 S SE LOOP 32: Number, street, rural route, apart <b>TYLER, TX 75701</b> (City, town, state, zip)		ite number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned     (Owner     (Agent c	d, hereby certify that (Check other than corporation or p of owner other than corpor	one, <i>but or</i> partnersh ation or p	rtified and signed in accordance with Copyright Office regulations nly one, of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space partnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or	e B; or
	in lin <ul> <li>I have examined t</li> </ul>	e 1 of space B. the statement of account and and correct to the best of m	l hereby d	ration) or a partner (if a partnership) of the legal entity identified as o eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	
				/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	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

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ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	02351
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 Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x	
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	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	

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