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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	03/01/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 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 full corporate title of the subsidiary, not that of the parent corporation.	
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 fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	023607
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlu	ess these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM: PAHRUMP, NV	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
<u> </u>			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 023607
D Area Served	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	ted communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known gs.
	CITY OR TOWN	STATE
First Community	PAHRUMP	NV
Add Rows as Necessary		
		กลากสารการการการการการการการการการการการการกา

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name								0.0	02360
Е	SECONDARY TRANSMISSION		-	-	-				
L	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv							chargeu	
	Rate: Give the standard rate of	harged for eac	h catego	ory of service. I	nclude bo	th the amount of	the charg		
	unit in which it is generally billed				ny standai	rd rate variations	within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmiss	ion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					I in the count und	der "Servic	ce to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or mo	ore second	dary transmissio	ns), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tw	o- or thre	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		247	24.00					
	Service to first set Service to additional act(a)		347	34.99					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		10	45.95					
	Converter			-5.55					
	Residential								
	Non-residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
_	In General: Space F calls for rate	`	,		•				
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.00	• Mot	el, hotel					
	 Pay cable—add'l channel 	19.00	• Con	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	99.00	• Bur	glar protection					
	 Additional set(s) 	25.00		ervices:					
			• Rec	onnect		40.00			
	• FM radio (if separate rate)					-0.00			
	 FM radio (if separate rate) Converter 			connect		-0.00			
	,		• Disc			25.00			

counting Period:	2021/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM II
	CEQUEL COMMUNIC			02360
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 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 informatii 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 entr (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.67 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination per d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain s rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, Es air designation. For example, re- rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde- e "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15		LAS VEGAS, NV
	KLAS-1	8	Ν	LAS VEGAS, NV
dd Rows as Necessary	KLAS-HD1	8	N-M	LAS VEGAS, NV
	KLVX-1	10	E	LAS VEGAS, NV
	KLVX-2	10.2	E-M	LAS VEGAS, NV
	KLVX-HD1	10.4	E-M	LAS VEGAS, NV
	KLVX-4	10	E-M	LAS VEGAS, NV
	KPVM-1	46	I	PAHRUMP, NV
	KSNV-1	3	Ν	LAS VEGAS, NV
	KSNV-HD1	3	N-M	LAS VEGAS, NV
	KTNV-3	13	I-M	LAS VEGAS, NV
	KTNV-HD1	13.2	N-M	LAS VEGAS, NV
	KTNV-2	13.3	I-M	LAS VEGAS, NV
	KTNV-1	13	Ν	LAS VEGAS, NV
	KVCW-1	33		LAS VEGAS, NV
	KVCW-2	33.2	I-M	LAS VEGAS, NV
	KVVU-2	5	I-M	HENDERSON, NV
	KVVU-HD1	5.2	I-M	HENDERSON, NV
	KVVU-1	5	I	HENDERSON, NV
	KVVU-1	5	I	HENDERSON, NV
	KVVU-1	5	I	HENDERSON, NV
	KVVU-1	5	<u>I</u>	HENDERSON, NV

LEGAL NAME O								SYSTEM 0230
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S	it is carried b monitoring, to ormation abou rm. dentify the call state whether	y the sy be rece ut the Co I sign of the stati	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process	at the system's e system's FM an this point, see p	headend, and ntenna, during bage (v) of the	(2) it ca certain general	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
signal, indicate Column 4: G	this by placing Give the station	g a cheo n's locat	ck mark in the "S/D" column. tion (the community to which , the community with which th	the station is lice	ensed by the F			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL SIGN		3/0	LOUATION OF STATION	CALL SIGN		3/0	LOUATION OF STATION	
				• • • • • • • • • • • • • • • • • • •				

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					023607
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LC	G			
I I	In General: In space I, identi	-	-		-	ion. that vou	ır cable svste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm				e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion program	
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the prograr	n
	log in block 2.			·				
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	
	clear. If you need more space Column 1: Give the title				program") that	t during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, rec							า.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "basket	tball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.			
	Column 4: Give the broat the case of Mexican or Can						e FCC or, in	
	Column 5: Give the mon	th and day	when your syst	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01	15 p.m. to 6:2	8:30 p.m. s	noula be	
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system was	s permitted to delete unde	er FCC rules a	nd regulatio	ons in	
								1
	s	UBSTITUT	E PROGRAM			EN SUBST IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
			+		-			
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	CEQUEL COMMUNICATIONS LLC		023607
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 service amount, see	5,049.38 ss 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.	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 t accounting period is \$52.00.		
	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 \$137,1	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,	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		
Filing Fee and Total Remittance Due	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 Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	SYSTEM ID# 023607
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ed television broadcast stations	19 172
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone (903	3) 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 (optional)	
O Certification	• I, the undersig	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	 X (Of I have examinare true, comp 	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		Enter an electronic signature on the line above to certify this statement. Enter 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) Date: 2/1/2022	

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unting Period: 2021/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0236
 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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions 	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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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 Assessment

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