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

Construction Constructin Constructin C	STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	 Return completed workbook by email to
Cable Systems (Short Form)				DATE RECEIVED	AMOUNT	_
General instructions are located in the first tab of this workbook. 03/01/2022		-	-			<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook. 03/01/2022 ALLOCATION NUMBER Cliffer Locatego Dop/Pair (20) 107.9150. A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY((Period))) (20) 107.9150. (20) 107.9150. A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY((Period))) (20) 107.9150. (20) 107.9150. Accounting Period 1 2012/2 Period 1 - January 1 - Jane 30 Period 2 - Jaly 1 - December 31 (20) 107.9150. B 2021/2 Period 1 - January 1 - Jane 30 Period 2 - Jaly 1 - December 31 (20) 107.9150. B Owner Cliffer Locatego Data Filing Period (optional - see instructions) (20) 107.9150. (20) 107.9150. B Owner Cliffer Locatego Data Filing Period (optional - see instructions) (20) 107.9150. (20) 107.9150. Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Locating Divisio. (20) 128.95 (20) 128.95 Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Locating Divisio. (20) 128.155 BUSINESS NAME(3) OF OWNER OF CABLE SYSTEM Clifferent from the address of the assignment when the system's 10 number assigned by the Locating Divisio. (20) 128.155 Check here if this is the system's first filing. If not, en	,		,		\$	
In the first tab of this workbook.	General instru	uction	s are located	03/01/2022		
Accounting	in the first tab	o of thi	s workbook.		ALLOCATION NUMBER	(202) 707-8150.
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Accounting Period						
Accounting Period			20212	Barcode Data Filing Period (optional -	see instructions)	
Period Instructions: B Owner 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. 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. D24185 Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. D24185 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CecureL communications LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK communications SUDDENLINK communications Business or owner of cable SYSTEM 3027 S SE LOOP 323 Wainfox, steff, ruin route, apartment, or submerson Wainfox, steff, ruin route, apartment, or submerson or trade names used to identify the business and operation of the system unless these 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 1 DISTIFICATION OF CABLE SYSTEM: JONESBORO, LA MAILING ADDRESS OF CABLE SYSTEM: JONESBORO, LA 24 Wainfox, egenthment, or subment, or submenener (cab, team, state, top c			20212	.		
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C Nature of owner/Mailing address of cable system CE Business name(s) of owner of cable system (if different) SUDDENLINK communications Mailing address of owner of cable system 3027 s Set LOOP 323 (Winder, street, rural route, apartment, or sube number) TYLER, TX 75701 (City, town, state, zp code)			Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	024185
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City, town, state, zp) C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 IDENTIFICATION OF CABLE SYSTEM: JONESBORO, LA MAILING ADDRESS OF CABLE SYSTEM: JONESBORO, LA City, town, state, zip code) Intervent of suite number			(Number, street, rural route, apartment, or suite n	umber)		
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(City, town, state, zip code)		2	Number street rural route anartment or suite r	umber)		
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			(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
Nume	CEQUEL COMMUNICATIONS LLC	0241
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con 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 single will serve as a form of system identification hereafter knov
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
Firef	CITY OR TOWN JONESBORO	STATE LA
First Community	E. HODGE	
,	HODGE	LA
d Rows as Necessary	JACKSON PARISH	LA
a nons as necessary	N. HODGE	LA
	QUITMAN	LA
		-
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								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							
	CEQUEL COMMUNICAT	FIONS LLC							02418
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND RA	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 exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ole system	ı, broken	
scribers and	down by categories of secondar	-					-		
Rates	each category by counting the n	•	<i>.</i>	0 , (				charged	
	separately for the particular serv					•	,		
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·			ny stanua		s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers. (	Give the numbe	er of subso	cribers and rate	for each lis	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					a in the count un	der Servi	ce to the	
	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 the	e right-h	and block. A tv	vo- or thre	e-word descript	on of the s	service is	
	sufficient.								
	BLO						BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOLLE		TUTE	0/11		(TIOE	CODOCINIDENC	10112
	Service to first set		200	34.99					
	Service to additional set(s)			•					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		28	45.95					
	Converter			-0.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra					ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t								
<b>.</b> .	service for a single fee. There an	•			0			,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	billed. If arry re		larged on a van	abic per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ch of the	applicable servio	ces listed.		
Rates	Block 2: List any services that	• •			-				
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.			T		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	17.00		tel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00		nmercial					
	<ul> <li>Fire protection</li> </ul>		•Pay	/ cable					
	<ul> <li>Burglar protection</li> </ul>		-	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.00	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	25.00	Other s	services:					
	• FM radio (if separate rate)		• Red	connect		40.00			
	Converter		• Dis	connect					
							I		
			• Out	let relocation		25.00			
				let relocation ve to new addre	ess	25.00 99.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	ATIONS LLC		024					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: Television	In General: In space G, ide carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	entify every television station (including term during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. <b>as</b> explained in the next paragraph. <b>as</b> With respect to any distant stations calules, regulations, or authorizations: te in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried 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. lel number the FCC assigned to the televen RC is channel 4 in Washington, D.C. n case whether the station is a network sering the letter "N" (for network), "N-M" (to , "E" (for noncommercial educational), o erms, see page (iv) of the general instru-	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a si- the Special Statement and Program d both on a substitute basis and al- see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	t-time basis under grams [sections stations 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 of each station. For U.S. stations, list idian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	,	3					
	KAQY-1	11	N	COLUMBIA, LA					
	KAQY-HD1	11	N-M	COLUMBIA, LA					
dd Rows as Necessary			I <b>V</b> - 141						
	KARD-1	14		WEST MONROF, LA					
Rows as Necessary	KARD-1 KARD-HD1	14	<u></u> І-М	WEST MONROE, LA					
Rows as Necessary	KARD-HD1	14	I-M	WEST MONROE, LA					
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Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMLU-1 KNOE-1	14 13 13.2 13.3 13 39 11 8	I-M E E-M E-M E-M I I I N	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMLU-1 KNOE-1 KNOE-3	14 13 13.2 13.3 13.3 13 39 11 8 8.3	I-M E E-M E-M E-M I I I I N I N I-M	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMLU-1 KNOE-1 KNOE-3 KNOE-4	14 13 13.2 13.3 13 39 11 8 8.3 8.4	I-M E E-M E-M I I I I N I N I-M I-M	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMLU-1 KNOE-1 KNOE-3 KNOE-4 KNOE-HD1	14 13 13.2 13.3 13 39 11 8 8 8.3 8.4 8	I-M E E-M E-M I I I I N I-M I-M I-M N-M	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMLU-1 KNOE-1 KNOE-3 KNOE-4 KNOE-4 KNOE-HD1 KSLA-1	14         13         13.2         13.3         13.3         13         39         11         8         8.3         8.4         8         12	I-M E E-M E-M I I I I N I-M I-M I-M N-M N	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMLU-1 KNOE-1 KNOE-3 KNOE-4 KNOE-4 KNOE-HD1 KSLA-1 KTBS-1	14 13 13.2 13.3 13 39 11 8 8.3 8.4 8 12 3	i-M E E-M E-M i i i i i i N i-M i-M i-M N N N N	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMCT-1 KNOE-1 KNOE-3 KNOE-4 KNOE-4 KNOE-HD1 KSLA-1 KTBS-1 KTVE-1	14         13         13.2         13.3         13.3         13         39         11         8         8.3         8.4         8         12         3         10	I-M E E-M E-M E-M I I I I I N I-M I-M N N N N N N N	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMLU-1 KNOE-1 KNOE-3 KNOE-4 KNOE-4 KNOE-HD1 KSLA-1 KTBS-1	14 13 13.2 13.3 13 39 11 8 8.3 8.4 8 12 3	i-M E E-M E-M i i i i i i N i-M i-M i-M N N N N	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMCT-1 KNOE-1 KNOE-3 KNOE-4 KNOE-4 KNOE-HD1 KSLA-1 KTBS-1 KTVE-1	14         13         13.2         13.3         13.3         13         39         11         8         8.3         8.4         8         12         3         10	I-M E E-M E-M E-M I I I I I N I-M I-M N N N N N N N	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMCT-1 KNOE-1 KNOE-3 KNOE-4 KNOE-4 KNOE-HD1 KSLA-1 KTBS-1 KTVE-1	14         13         13.2         13.3         13.3         13         39         11         8         8.3         8.4         8         12         3         10	I-M E E-M E-M E-M I I I I I N I-M I-M N N N N N N N	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR					
Rows as Necessary	KARD-HD1 KLTM-1 KLTM-2 KLTM-3 KLTM-HD1 KMCT-1 KMCT-1 KNOE-1 KNOE-3 KNOE-4 KNOE-4 KNOE-HD1 KSLA-1 KTBS-1 KTVE-1	14         13         13.2         13.3         13.3         13         39         11         8         8.3         8.4         8         12         3         10	I-M E E-M E-M E-M I I I I I N I-M I-M N N N N N N N	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA MONROE, LA WEST MONROE, LA COLUMBIA, LA MONROE, LA MONROE, LA MONROE, LA SHREVEPORT, LA SHREVEPORT, LA EL DORADO, AR					

	F OWNER OF (							SYSTEM 024
	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 For detailed info paper SA1-2 for <b>Column 1:</b> Io <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.	at the system's h system's FM an his point, see pa	eadend, and ( tenna, during o ige (v) of the g	2) it can certain s jeneral 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	nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	ne station is lice	nsed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALL OIGH		0/0	LOOKTION OF STATION	UALL OIGH		0/0		

	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					024185
	SUBSTITUTE CARRIAGE				6			
1		-	-			ion that ve		om carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	<ul> <li>During the accounting per</li> </ul>	-			sis anv nonr	otwork tol	evision nrog	am
Statement and			al cable system	in carry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta					L	YES	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE			-4- 1		:-:		. :-
	In General: List each subst clear. If you need more spa				s wherever po	ossidie, it t	neir meaning	j is
				vision program ("substitute	e program") th	nat. during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, c	or authorization	ns. See page (v) of the ger	neral instruct	ons for fur	ther informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or
	_		dcast live. ente	er "Yes." Otherwise enter "	'No."			
				asting the substitute progr				
				he community to which the			the FCC or,	in
	the case of Mexican or Car			community with which the stem carried the substitute			le with the n	oonth
	first. Example: for May 7 give		when your sy		piogram. O			Ionan
			e substitute pro	ogram was carried by your	r cable syster	n. List the	times accura	ately
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.m	n. should be	
	stated as "6:00–6:30 p.m."	or "D" if tho	listed program	n was substituted for progr	comming that	vour evet	m was requ	irod
	to delete under FCC rules a							
	was substituted for program							5
	effect on October 19, 1976.							
		•						
	SI					N SUBST		7. REASON FOR
			E PROGRAM 3. STATION'S			AGE OCC		7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	

Accounting Period:	<b>2021/2</b> FORM SA1-2	E. PAGE 6.
Name		TEM ID#
Naille	CEQUEL COMMUNICATIONS LLC	024185
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	<b>57.68</b> 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 \$263,800 • 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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.	52.00
	Line 1. Royally ree for accounting period	0.00
		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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 \$ 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	
	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 Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MUNICATIONS LLC			SYSTEM ID# 024185
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	and (2) the cable system's number of channels on whic television broadcast stations number of activated channel able system carried television	total num h the cab s broadca	st stations	18
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		ite number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned     (Owned     (Agent     in li     X     (Office     in li     I have examined	ed, hereby certify that (Check r other than corporation or p c of owner other than corpor ine 1 of space B and that the of er or partner) I am an officer ine 1 of space B. I the statement of account and e, and correct to the best of m	one, <i>but o</i> partnersh ation or p owner is r (if a corpo l hereby o y knowled L hereby o y knowled	ertified 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 <b>partnership</b> ) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or aration) or a partner (if a partnership) of the legal entity identified as of leclare under penalty of law that all statements of fact contained here lige, 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)	e B; or e system as identified owner of the cable system
		Typed or printed		ALAN DANNENBAUM	
		(Title of o		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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	02418
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	
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	_
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       x         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 www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please	
x	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.