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	FNT	OF ACCOUNT	FOR COPYRIC	 Return completed workbook by email to 						
		ransmissions by	DATE RECEIVED	AMOUNT	-					
		Short Form)		AMOONT	<u>coplicsoa@copyright.gov</u>					
	(\$	For additional information,					
General instru	uctions	s are located	03/01/2022	Ť	contact the U.S. Copyright Office Licensing Division at					
in the first tab of this workbook.				ALLOCATION NUMBER	(202) 707-8150.					
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
			_							
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
			٦							
		2021	2 Barcode Data Filing Period (optional	I - see instructions)						
Accounting										
Period										
		Instructions:								
В		Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	orate title					
Owner		List any other name or names under whi	ch 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 account	nting period.	022574					
		Check here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	033571					
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1						
		CEQUEL COMMUNICATIONS LLC								
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)						
		SUDDENLINK COMMUNICATIONS								
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM							
		3027 S SE LOOP 323								
		(Number, street, rural route, apartment, or suite	number)							
		City, town, state, zip)								
С				entify the business and operation of the	5					
System	name	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B								
System	1	IDENTIFICATION OF CABLE SYSTEM: NELSON TWP, OH								
	-	MAILING ADDRESS OF CABLE SYSTEM	И:							
	2	(Number, street, rural route, apartment, or suite	number)							
		(City, town, state, zip code)								
		•								

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
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	CEQUEL COMMUNICATIONS LLC	0335
D	Instructions: List each separate community served by the cable system. A "community" is "a separate and distinct community or municipal entity (including unincorporated commu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s as the "first community." Please use it as the first community on all future filings.	inities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home identified city.	parks should be reported in parentheses below the
P ¹	CITY OR TOWN NELSON TWP	STATE OH
First Community		
Community	AUBURN TWP & AUBURN	ОН
	BLUE WATER MANOR	ОН
Add Rows as Necessary	BRACEVILLE TWP	OH
	BRAINBRIDGE TWP	ОН
	BURTON TWP & PUNDERSON	ОН
	FARMINGTON TWP	ОН
	FREEDOM TWP	ОН
	MIDDLEFIELD	ОН
	NEWBURY	ОН
	NEWTON	ОН
	PALMYRA	ОН
	PARIS TWP	ОН
	PARKMAN	ОН
	SHALERSVILLE	ОН
	TROY TWP	ОН

	<u> </u>							FORM SA1				
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM										
	CEQUEL COMMUNICAT	TIONS LLC							03357			
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES							
E	In General: The information in s	•		-		•						
0	system, that is, the retransmission											
Secondary Transmission	about other services (including p last day of the accounting period						nose exis	ing on the				
Service: Sub-	Number of Subscribers: Both						ole system	ı, broken				
scribers and	down by categories of secondar	-					•					
Rates	each category by counting the n		<i>.</i>	0 , (s charged				
	separately for the particular serv Rate: Give the standard rate of					•	,	no and the				
	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 cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."										
	Block 2: If your cable system					service that are	different f	rom those				
	printed in block 1 (for example, t						,					
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	on of the	service is				
	sufficient.	OCK 1					BLOCK	()				
		NO. OF					DLOON	NO. OF	[
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		842	34.99								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial		10	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	· · · · · ·										
F	In General: Space F calls for ra	•	,		•							
•	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services	•			0		0.0	,				
Other Than			usually	billed. If any ra	ites are ch	narged on a vari	able per-p	rogram basis,				
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: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
Rates	listed in block 1 and for which a											
	brief (two- or three-word) descrip											
		BLO	∩K 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-res								
	• Pay cable	17.00	• Mo	tel, hotel								
	Pay cable—add'l channel	19.00	• Cor	nmercial								
	Fire protection		•Pa	/ cable								
	•Burglar protection		-	/ cable-add'l ch	annel							
	Installation: Residential		-	protection								
	• First set	99.00	• Bur	glar protection								
	 Additional set(s) 	25.00		services:								
	• FM radio (if separate rate)			connect		40.00						
		h										
	Converter		• Dis	connect								
	• Converter					25.00						
	• Converter		• Out	connect let relocation ve to new addro	ess	25.00 99.00						

Name	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:			SYSTEM						
Name					033						
	PRIMARY TRANSMITTERS:	TELEVISION									
G		dentify every television station (including tra em during the accounting period, except (•	,							
-	FCC rules and regulations	irried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 5.59(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 ibstitute program basis, as explained in the next paragraph.									
Primary ransmitters:	substitute program basis, a	as explained in the next paragraph.									
Television	Substitute Basis Stations	rules, regulations, or authorizations:	ried by your cable system on a s	ubstitute program							
	• Do not list the station her	ere in space G—but do list it in space I (the	Special Statement and Program	n Log)—if the							
	station was carried only orList the station here, and	on a substitute basis. d also in space I, if the station was carried b	both on a substitute basis and a	lso on some other							
	basis. For further informati	tion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro	see page (v) of the general instru	ictions.							
	multicast stream associate	ed with a station according to its over-the-a	-	-							
		nel number the FCC assigned to the televis	ision station for broadcasting over	er the air in its community							
		VRC is channel 4 in Washington, D.C. ch case whether the station is a network sta	tation an independent station, o	r e noncommercial							
	educational station, by ent	tering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for inde	ependent), "I-M"							
	For the meaning of these t	t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction	tions in the paper SA1-2 form.	,							
	Column 4: Give the location	ion of each station. For U.S. stations, list th adian stations, if any, give the name of the	he community to which the statio								
	FUC. FULIVIEXICAL OF CULL	adian stauons, ii any, give the name of the	# COMMUNITY WITH WHICH THE START	on is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STA	TION						
	WBNX-1	55		AKRON, OH	Пол						
	WBNX-HD1	55	- I-M	AKRON, OH							
Rows as Necessary	WDLI-1	17	 I	CANTON, OH							
home	WEWS-1	5	N	CLEVELAND, OH							
	WEWS-HD1	5	N-M	CLEVELAND, OH							
	WFMJ-1	21	N	YOUNGSTOWN, OH							
	WFMJ-2	21.2	I-M	YOUNGSTOWN, OH							
	WFMJ-HD1	21	N-M	YOUNGSTOWN, OH							
	WFMJ-HD1 WFMJ-HD2	21 21.2	N-M I-M	YOUNGSTOWN, OH							
	WFMJ-HD2	21.2	I-M	YOUNGSTOWN, OH							
	WFMJ-HD2 WJW-1	21.2 8	i-M I	YOUNGSTOWN, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2	21.2 8 8.2	i-M i i-M	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1	21.2 8 8.2 8	i-M i i-M i-M	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-1	21.2 8 8.2 8 27	I-M I I-M I-M N	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-1 WKBN-HD1	21.2 8 8.2 8 27 27 27	I-M I I-M I-M N N N-M	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-1 WKBN-HD1 WKYC-1	21.2 8 8.2 8 27 27 3	I-M I I-M I-M N N N-M N	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH YOUNGSTOWN, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-1 WKBN-HD1 WKYC-1 WKYC-3	21.2 8 8.2 8 27 27 27 3 3.3	I-M I I-M I-M N N N N N N I-M	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-1 WKBN-HD1 WKYC-1 WKYC-3 WKYC-HD1	21.2 8 8.2 8 27 27 27 3 3.3 3.3 3	i-M i i-M i-M N N-M N-M i-M N-M	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-1 WKBN-HD1 WKYC-1 WKYC-3 WKYC-HD1 WNEO-1	21.2 8 8.2 8 27 27 27 3 3.3 3.3 45	I-M I I-M I-M N N-M N I-M I-M E	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH ALLIANCE, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-1 WKBN-HD1 WKYC-1 WKYC-3 WKYC-HD1 WNEO-1 WOIO-1	21.2 8 8.2 8 27 27 27 3 3.3 3.3 45 19 19.2	i-M i i-M i-M N N-M N-M i-M E N N-M i-M	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-1 WKBN-HD1 WKYC-1 WKYC-3 WKYC-HD1 WNEO-1 WOIO-1 WOIO-2 WOIO-HD1	21.2 8 8.2 8 27 27 27 3 3.3 45 19 19.2 19	I-M I I-M I-M N-M N-M I-M I-M E N-M	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH ALLIANCE, OH CLEVELAND, OH CLEVELAND, OH							
	WFMJ-HD2 WJW-1 WJW-2 WJW-HD1 WKBN-HD1 WKBN-HD1 WKYC-1 WKYC-3 WKYC-HD1 WNEO-1 WOIO-1 WOIO-2	21.2 8 8.2 8 27 27 27 3 3.3 3.3 45 19 19.2	I-M I I-M I-M N N-M N-M E E N I-M I-M I-M I-M	YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH YOUNGSTOWN, OH YOUNGSTOWN, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH CLEVELAND, OH							

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name				033					
	PRIMARY TRANSMITTERS:								
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary		(e)(2) and (4), or 76.63 (referring to 76.61							
ransmitters:	substitute program basis, a	as explained in the next paragraph.							
Television		s: With respect to any distant stations car	rried by your cable system on a s	substitute program					
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Program	m l og)—if the					
	station was carried only or	· · · ·	o opoolal otatomont and i rogial						
		also in space I, if the station was carried							
		on concerning substitute basis stations, s							
		Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream							
	"WETA-2" as the same on the form.								
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C.								
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	educational station by enter								
		ering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for inde	ependent), "I-M"					
	(for independent multicast) For the meaning of these to	ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form.	ependent), "I-M" ational multicast).					
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the static	ependent), "I-M" ational multicast). on is licensed by the					
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the static	ependent), "I-M" ational multicast). on is licensed by the					
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the static	ependent), "I-M" ational multicast). on is licensed by the					
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the static	ependent), "I-M" ational multicast). on is licensed by the					
	(for independent multicast) For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. the community to which the static e community with which the static	ependent), "I-M" ational multicast). on is licensed by the on is identified.					
	(for independent multicast) For the meaning of these te Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa stions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION					
	(for independent multicast) For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN WVIZ-2	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.2	er network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION CLEVELAND, OH					
	(for independent multicast) For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN WVIZ-2 WVIZ-HD1	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.2 25	er network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION CLEVELAND, OH CLEVELAND, OH					
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WVIZ-2 WVIZ-HD1 WVPX-1	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.2 25 23	or network multicast), "I" (for inde "E-M" (for noncommercial educa- stions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E E-M I	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION CLEVELAND, OH CLEVELAND, OH AKRON, OH					
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WVIZ-2 WVIZ-HD1 WVPX-1 WVPX-HD1	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.2 25 23 23	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E E-M I I -M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION CLEVELAND, OH CLEVELAND, OH AKRON, OH AKRON, OH					
	(for independent multicast) For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN WVIZ-2 WVIZ-HD1 WVPX-1 WVPX-HD1 WYFX-1	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.2 25 23 19	or network multicast), "I" (for inde "E-M" (for noncommercial educa- etions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E E-M I I-M I	ependent), "I-M" ational multicast). on is licensed by the on is identified.					
	(for independent multicast) For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN WVIZ-2 WVIZ-HD1 WVPX-1 WVPX-HD1 WYFX-1 WYFX-HD1	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.2 25 23 19 19	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E E -M I I I -M	ependent), "I-M" ational multicast). on is licensed by the on is identified.					

LEGAL NAME OI								SYSTEM 033
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati	y the sys be rece to the Co sign of the static ion's sig	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 k mark in the "S/D" column.	it the system's he system's FM ant his point, see pa	eadend, and (ź enna, during c ge (v) of the g	2) it can certain si eneral ir	be expected, ated intervals. istructions in the.	Primary Transmitter: Radio
			on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1				
						·		

Accounting Perio	d: 2021/2						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					033571
<u> </u>	SUBSTITUTE CARRIAGI	E: SPECIA			G			
1	In General: In space I, ident	-	-			tion that v	our cable s	vstem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	 During the accounting per 	-			sis anv nonr	network te	levision pro	aram
Statement and				rearry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust com	plete the pr	ogram
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				s wherever po	ossible, if	their mean	ing is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						•
				er "Yes." Otherwise enter "				
				asting the substitute progr		anaad by	the FCC e	e in
	the case of Mexican or Car			he community to which the				и, ш
				stem carried the substitute		,	als. with the	e month
	first. Example: for May 7 giv		, ,		10-		,	
				ogram was carried by you				
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should b	e
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	vour evet	em was re	quired
	to delete under FCC rules a							
	was substituted for program							p. 0 g. a
	was substituted for program effect on October 19, 1976.	nming that y						p g
		nming that y			ler FCC rules	and regu	lations in	
	effect on October 19, 1976.	nming that y	your system w	as permitted to delete und	ler FCC rules	and regu	lations in TTUTE	
	effect on October 19, 1976.	UBSTITUT	your system w	as permitted to delete und	ler FCC rules WHE CARRI	N SUBS	lations in TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976.	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI 5. MONTH	N SUBST	Iations in TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	your system w	as permitted to delete und	ler FCC rules WHE CARRI	N SUBS	lations in TITUTE CURRED	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI 5. MONTH	N SUBST	Iations in TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI 5. MONTH	N SUBST	Iations in TITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI 5. MONTH	N SUBST	Iations in TITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI 5. MONTH	N SUBST	Iations in TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI 5. MONTH	N SUBST	Iations in TITUTE CURRED TIMES	7. REASON FOR
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Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC		033571
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission servic amount, se	6,313.73
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	3263,800	
	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.	nis six-month	
	Line 1. Royalty fee for accounting period		
	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		
	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		
		06 949 79	
	.	26,313.73	
	5. Enter the amount from line 3	37,486.27	
	6. Subtract line 5 from line 4	88,827.46	
	7. Multiply line 6 by .005 (enter figure here)	\$	944.14
	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	\$	944.14
	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)	944.14	
But	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	964.14
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC				SYSTEM ID# 033571
M Channels	to its subscribers, 1. Enter the total is system carried to 2. Enter the total is on which the cal	and (2) the cable system's number of channels on whic elevision broadcast stations number of activated channe ble system carried televisior	total num th the cab ls n broadca			33 193
N Individual to Be Contacted		BE CONTACTED IF FURTI		RMATION IS NEEDED (Identify an individual		
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
		3027 S SE LOOP 323 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		te number)		
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optio	nal)	
O Certification	I, the undersigner (Owner (Agent in lir X (Office in lir I have examined	d, hereby certify that (Check other than corporation or of owner other than corpor ne 1 of space B and that the or or partner) I am an officer ne 1 of space B. the statement of account and and correct to the best of m	one, <i>but o</i> partnersh ration or p owner is r (if a corpo	rtified and signed in accordance with Copyright Of <i>Ily one</i> , of the boxes.) (p) I am the owner of the cable system as identified i artnership) I am the duly authorized agent of the ow of a corporation or partnership; or ration) or a partner (if a partnership) of the legal entit eclare under penalty of law that all statements of fac ge, information, and belief, and are made in good fa	in line 1 of space vner of the cable ty identified as ov tt contained herei	system as identified vner of the cable system
		Typed or printe Title:	Enter sig d name: SVP,	/s/ Alan Dannenbaum electronic signature on the line above to certify this sta nature using an "/s/ signature" (e.g., /s/ John Smith) ALAN DANNENBAUM PROGRAMMING In held in corporation or partnership)	ətement.	
		Date:		2/1/2	022	
	•					

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

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	03357
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 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	
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	

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