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 | FOR COPYRIGHT OFFICE USE ONLY | | | | |
|------------------|--|---|---|--|--|--|--|
| | ary Transmissions by | DATE RECEIVED | AMOUNT | - | | | |
| | ems (Short Form) | | | <u>coplicsoa@copyright.gov</u> | | | |
| | | | \$ | For additional information, | | | |
| General instru | uctions are located | 03/01/2022 | | contact the U.S. Copyright Office Licensing Division at | | | |
| in the first tab | of this workbook. | | ALLOCATION NUMBER | (202) 707-8150. | | | |
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| | | | | | | | |
| Α | ACCOUNTING PERIOD COV | ERED BY THIS STATEMENT: (Y | YYY/(Period)) | | | | |
| | | | | | | | |
| | 2021/2 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 20212 Barcode Data Filing Period (optional | - see instructions) | | | | |
| Accounting | | | | | | | |
| Period | | | | | | | |
| | Instructions: | wner of the cable system. If the owner is a subsi | idiary of another corporation, give the full corr | porate title | | | |
| В | of the subsidiary, not that of the | | | | | | |
| Owner | List any other name or names ur | List any other name or names under which the owner conducts the business of the cable system. | | | | | |
| | If there were different owners d | uring the accounting period, only the owner on | the last day of the accounting period should si | ubmit a | | | |
| | | royalty fee payment covering the entire accour | | | | | |
| | Check here if this is the system's | first filing. If not, enter the system's ID number | assigned by the Licensing Division. | 037128 | | | |
| | | | | | | | |
| | LEGAL NAME OF OWNER | MAILING ADDRESS OF CABLE SYSTEM | | | | | |
| | CEQUEL COMMUNICATION | SLLC | | | | | |
| | BUSINESS NAME(S) OF OW | NER OF CABLE SYSTEM (IF DIFFEREN | Γ) | | | | |
| | SUDDENLINK COMMUNICA | TIONS | | | | | |
| | MAILING ADDRESS OF OW | NER OF CABLE SYSTEM | | | | | |
| | 3027 S SE LOOP 323 | | | | | | |
| | (Number, street, rural route, apartment TYLER, TX 75701 | , or suite number) | | | | | |
| | (City, town, state, zip) | | | | | | |
| С | | ny business or trade names used to ide . In line 2, give the mailing address of th | | | | | |
| System | | | | | | | |
| System | 1 ANSON, TX | | | | | | |
| | MAILING ADDRESS OF CABLE | SYSTEM: | | | | | |
| | 2 | | | | | | |
| | 2 (Number, street, rural route, apartment | , or suite number) | | | | | |
| | (City, town, state, zip code) | | | | | | |
| L | | | | | | | |

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-------------------|--|---|
| | CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm | 037128 |
| D | "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. | communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city. | e home parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | ANSON | TX |
| Community | JONES COUNTY (PORTION) | TX |
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| Rows as Necessary | | |
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| | 1 | | | | | | | | 2E. PAGE | | | |
|---------------------------|--|--|-----------|------------------|-------------|-----------------|-------------|-----------------------|----------|--|--|--|
| Name | LEGAL NAME OF OWNER OF C | | | | | | | | | | | |
| | CEQUEL COMMUNICAT | | 03712 | | | | | | | | | |
| - | SECONDARY TRANSMISSION | I SERVICE: SU | JBSCR | IBERS AND RA | ATES | | | | | | | |
| E | In General: The information in s | • | | - | | • | | | | | | |
| . . | system, that is, the retransmission | | | | | | | | | | | |
| Secondary Transmission | 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> | 0,0 | | | | 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 | | o within a | | | | | |
| | Block 1: In the left-hand block | in space E, th | e form l | ists the categor | ies of sec | ondary transmis | sion servi | ce that cable | | | | |
| | systems most commonly provide | | | | | | | | | | | |
| | that applies to your system. Not categories, that person or entity | | | - | | - | | | | | | |
| | subscriber who pays extra for ca | | | | | 0, | • | | | | | |
| | . , | | | | | | | | | | | |
| | | first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those | | | | | | | | | | |
| | printed in block 1 (for example, t | | | | | | | | | | | |
| | with the number of subscribers a sufficient. | and rates, in the | e right-r | hand block. A tv | vo- or thre | e-word descript | on of the s | service is | | | | |
| | | DCK 1 | | | | | BLOCK | ζ2 | | | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBI | | RATE | CAT | EGORY OF SEF | | NO. OF SUBSCRIBERS | RATE | | | |
| | Residential: | SUBSCRIDI | EKS | NATE | CAT | LOOKT OF SEP | VICE | SUBSCRIBERS | NAT | | | |
| | Service to first set | | 97 | 34.99 | | | | | | | | |
| | Service to additional set(s) | | ••• | 04.00 | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | |
| | Commercial | | 6 | 45.95 | | | | | | | | |
| | Converter | | Ŭ | -0.00 | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | | | •••••• | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATE | S | | | | | | | |
| F | In General: Space F calls for ra | | , | | • | | | | | | | |
| • | not covered in space E, that is, t service for a single fee. There a | | | | | | | | | | | |
| Services | furnished at cost or (2) services | • | | | 0 | | | , | | | | |
| Other Than | amount of the charge and the ur | | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | | | | | | | |
| Fransmissions: 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 | CK 1 | | | | | BLOCK 2 | | | | |
| | CATEGORY OF SERVICE | | | GORY OF SER | VICE | RATE | CATEGO | ORY OF SERVICE | RATE | | | |
| | Continuing Services: | | Installa | ation: Non-res | idential | | | | | | | |
| | • Pay cable | 17.00 | • Mo | tel, hotel | | | | | | | | |
| | Pay cable—add'l channel | 19.00 | • Co | mmercial | | | | | | | | |
| | Fire protection | | • Pay | y cable | | | | | | | | |
| | Burglar protection | | • Pay | y cable-add'l ch | annel | | | | | | | |
| | Installation: Residential | | • Fire | e protection | | | | | | | | |
| | • First set | 99.00 | • Bur | rglar protection | | | | | | | | |
| | Additional set(s) | 25.00 | Other | services: | | | | | | | | |
| | • FM radio (if separate rate) | | • Re | connect | | 40.00 | | | | | | |
| | Converter | | • Dis | connect | | | | | | | | |
| | | | • Ou | tlet relocation | | 25.00 | | | | | | |
| | | | | | | | | | | | | |
| | | | • Mo | ve to new addre | ess | 99.00 | | | | | | |

| ccounting Period: 2 | 2021/2 | | | FORM SA1-2E. PAGE 3 | | | | |
|---|---|---|---|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM ID# 037128 | | | | |
| Hume | CEQUEL COMMUNICATIONS LLC | | | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | | |
| G Primary Transmitters: Television | In General: In space G, id, 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 her station was carried <i>only</i> or • List the station here, and basis. For further informatic 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 each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location | entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ci- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepi- pr "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station | ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | |
| | | | | | | | | |
| | KIDZ-1 | 42 | | ABILENE, TX | | | | |
| | KPCB-1 | 17 | | SNYDER, TX | | | | |
| Rows as Necessary | KRBC-1 | 9 | N | ABILENE, TX | | | | |
| | KRMA-1 | 6 | E | DENVER, CO | | | | |
| | KTAB-1 | 32 | N | ABILENE, TX | | | | |
| | KTXS-1 | 12 | N | SWEETWATER, TX | | | | |
| | KTXS-2 | 12.2 | I-M | SWEETWATER, TX | | | | |
| | KXVA-1 | 15 | I | ABILENE, TX | | | | |
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| | F OWNER OF (| | | | | | | | SYSTEM 037 ⁻ |
|--|---|--|--|-------------------|--|--|--|---|----------------------------------|
| | t every radio s | station ca | arried on a separate and disc nerally receivable by your ca | | | | | | н |
| eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If isignal, indicate | it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing | y the sys be rece t the Co sign of the static ion's sig g a chec | II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the | at e sy thi | the system's he ystem's FM anto is point, see pag ed by the cable s | eadend, and (; enna, during c ge (v) of the g system as a s | 2) it can certain s eneral ir eparate | be expected, tated intervals. hstructions in the. and discrete | Primary Transmitter: Radio |
| Mexican or Car | nadian stations | s, if any, | the community with which th | | station is identif | ied). | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| | od: 2021/2 | | | | | | FOR | M SA1-2E. PAGE 5. |
|--------------------------|--|---------------|------------------|--|-------------------|-----------------|---------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | | 037128 |
| | SUBSTITUTE CARRIAGE | E: SPECIA | AL STATEME | NT AND PROGRAM LO | G | | | |
| | In General: In space I, ident | - | - | | | tion. that vo | ur cable svs | stem carried on a |
| | substitute basis during the a | ccounting p | eriod, under sp | ecific present and former F | CC rules, reg | ulations, or | authorizatio | ns. For a further |
| Substitute | explanation of the programm | ning that mu | st be included i | n this log, see page (v) of th | he general ins | structions in | the paper S | SA1-2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | RNING SUBS | TITUTE CARRIAGE | | | | |
| Special Statement and | During the accounting per | riod, did you | ur cable syster | n carry, on a substitute ba | sis, any nonr | network tele | evision prog | ram |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| | Note: If your answer is "No | " leave the | rest of this na | ge blank. If your answer is | : "Ves " vou r | | - | |
| | - | , leave the | rescortins pa | ge blank. If your answer is | s res, your | nusi compi | ete the proj | gram |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | ate line. Use abbreviations | s wherever po | ossible, if th | neir meanin | g is |
| | clear. If you need more spa | ice, please | add additional | rows to the tables. | | | | - |
| | | | | vision program ("substitute | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | | | | | | |
| | "NBA Basketball: 76ers vs. | Bulls." | | | | 1 / | , | |
| | | | | er "Yes." Otherwise enter " | | | | |
| | | | | asting the substitute progr he community to which the | | censed by t | he FCC or | in |
| | the case of Mexican or Car | | | | | | ne i 00 0i, | |
| | | | | stem carried the substitute | | | s, with the r | nonth |
| | first. Example: for May 7 giv | | | | | 1:-44 | | -4-1. |
| | 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." | | a program oan | | . 10 p to 0 | .20.00 p.m | . onoura po | |
| | | | | n was substituted for progr | | | | |
| | to delete under FCC rules a was substituted for program | | | | | | | ogram |
| | effect on October 19, 1976. | | your system w | as permitted to delete und | | anu regula | | |
| | | - | | | | | | |
| | | | | | | | | 1 |
| | | | | | | N SUBSTI | | |
| | SI | 1 | E PROGRAM | | CARRI | AGE OCC | URRED | 7. REASON FOR |
| | SI 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC | | 7. REASON FOR DELETION |
| | | 1 | | 4. STATION'S LOCATION | CARRI | AGE OCC 6. T | | |
| | | 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. T | | |
| | | 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. T | | |
| | | 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. T | | |
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| Accounting Period: | 2021/2 | FORM SA1 | -2E. PAGE 6. |
|------------------------------------|---|-------------------------------|------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYS | STEM ID# |
| Name | | | 037128 |
| 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 | 236.21 s receipts) |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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 th accounting period is \$52.00. | nis 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 | 600) | |
| | 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 | | |

| Accounting Period: | 2021/2 | FORM SA1-2E. PAGE 7. |
|------------------------------------|--|--------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 037128 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations | 8 |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 56 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) | |
| for Further Information | Name RODNEY HASKINS Telephone | (903) 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 | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. | wner of the cable system |
| | [18 U.S.C., Section 1001(1986)] | |
| | X /s/ Alan Dannenbaum 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 | |

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 I |
| QUEL COMMUNICATIONS LLC | 03712 |
| 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 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 |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessmen |
| x | _ |
| 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 0.00274 | |
| | |
| Line 4 Multiply line 3 by 0.00274** and enter here | |
| Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 | - |
| in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ | _ |
| in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 | _ |
| in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 | _ |
| in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 | |
| in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 | |
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