This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	<ul> <li>Return completed workbook by email to</li> </ul>						
		ransmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>					
	-	Short Form)	DATE RECEIVED							
	(			\$	For additional information,					
General instru	uctions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at					
in the first tab	of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.					
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
			1							
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		20212	Barcode Data Filing Period (optional	- see instructions)						
		20212								
Accounting Period										
Fellou										
_		Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subsi	diary of another corporation, give the full corp	oorate title					
В		of the subsidiary, not that of the parent of		, , ,, ,,						
Owner		List any other name or names under which the owner conducts the business of the cable system.								
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a								
		single statement of account and royalty f			udmit a					
		Check here if this is the system's first filin	g If not enter the system's ID number	assigned by the Licensing Division	037307					
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM							
		CEQUEL COMMUNICATIONS LLC								
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	)						
		SUDDENLINK COMMUNICATIONS								
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
		3027 S SE LOOP 323								
		(Number, street, rural route, apartment, or suite n	umber)							
		TYLER, TX 75701 (City, town, state, zip)								
	INST	RUCTIONS: In line 1, give any busi	ness or trade names used to ide	ntify the business and operation of the	system unless these					
С	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:								
		MARYVILLE, MO								
	1	MAILING ADDRESS OF CABLE SYSTEM	:							
	2	(Number, street, rural route, apartment, or suite n	umber)							
	Invite a 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II						
Name	CEQUEL COMMUNICATIONS LLC	03730						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served		Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
		1						
First	CITY OR TOWN MARYVILLE	STATE MO						
Community	NODAWAY COUNTY	MO						
	NORTHWEST MO STATE	MO						
d Rows as Necessary								

	1							FORM SA1				
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM										
	CEQUEL COMMUNICA			03730								
F	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES											
E	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Cocondom												
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).											
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).											
	Rate: Give the standard rate of					•	,	and the				
	unit in which it is generally billed	-	-	•				•				
	category, but do not include disc											
	Block 1: In the left-hand block			-		•						
	systems most commonly provide that applies to your system. Not											
	categories, that person or entity			-		-						
	subscriber who pays extra for ca	able service to	addition	al sets would b	be included	d in the count un	der "Servi	ce to the				
	first set" and would be counted of											
	Block 2: If your cable system	-		•								
	printed in block 1 (for example, 1 with the number of subscribers a					•	,.					
	sufficient.	,,	<b>j</b>									
	BLO	DCK 1					BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI			
	Residential:	CODOCIAD			0,111		WICE	CODOCIADENCO	1011			
	Service to first set		1.016	34.99								
	Service to additional set(s)		,									
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		31	45.95								
	Converter											
	Residential											
	Non-residential											
			T									
	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, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services											
Services	furnished at cost or (2) services	•			0							
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are cl	harged on a vari	able per-pi	ogram basis,				
Secondary	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											
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) descrip											
	1							BLOCK 2				
		BLO										
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE			
	CATEGORY OF SERVICE Continuing Services:		CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATI			
	Continuing Services: • Pay cable		CATEG Installa			RATE	CATEGO	DRY OF SERVICE	RATE			
	Continuing Services:	RATE	CATEG Installa • Mot	tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RATI			
	Continuing Services: • Pay cable	RATE 17.00	CATEG Installa • Mot • Con	tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE 17.00	CATEG Installa • Mot • Con • Pay	<b>tion: Non-res</b> el, hotel nmercial	idential	RATE	CATEGO	DRY OF SERVICE	RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00	CATEG Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE	CATEGO	DRY OF SERVICE	RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 17.00	CATEG Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE	CATEGO	DRY OF SERVICE	RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEGO	DRY OF SERVICE	RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.00 19.00 99.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO	DRY OF SERVICE	RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00 99.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential		CATEGO	DRY OF SERVICE	RATI			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.00 19.00 99.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection eervices:	idential		CATEGO	DRY OF SERVICE	RATI			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM						
Name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Issmitters: levision	<ul> <li>PRIMARY TRANSMITTERS: TELEVISION</li> <li>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 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</li> <li>Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> <li>Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each 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.</li> <li>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.</li> <li>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"</li> <li>(for independent multicast), "E" (for noncommercial educational, or "E-M" (for noncommercial educational multicast). For the</li></ul>									
	Column 4: Give the locatio	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	t the community to which the statio							
	KCPT-1	19	E	KANSAS CITY, MO						
			-							
	KCPT-HD1	19	F-M							
	KCPT-HD1 KCTV-1	<u>19</u>	E-M	KANSAS CITY, MO						
ws as Necessary	KCTV-1	5	N	KANSAS CITY, MO KANSAS CITY, MO						
vs as Necessary	КСТV-1 КСТV-НD1	5 5	N N-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2	5 5 5.2	N N-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3	5 5 5.2 5.3	N N-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1	5 5 5.2 5.3 29	N N-M I-M I-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1	5 5 5.2 5.3	N N-M I-M I-M I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1	5 5 5.2 5.3 29 29	N N-M I-M I-M I	KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1	5 5 5.2 5.3 29 29 9	N N-M I-M I-M I I I-M N	KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1 KMBC-HD1	5 5 5.2 5.3 29 29 29 9 9 9	N N-M I-M I I I I N N N-M	KANSAS CITY, MO         LAWRENCE, KS						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1 KMBC-HD1 KMCI-1	5 5 5.2 5.3 29 29 29 9 9 9 38	N N-M I-M I I I N N-M I	KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1 KMBC-HD1 KMCI-1 KMCI-2	5 5 5.2 5.3 29 29 29 9 9 9 9 38 38 38.2	N N-M I-M I I I N N N-M I I I-M	KANSAS CITY, MO         LAWRENCE, KS         LAWRENCE, KS         LAWRENCE, KS						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1 KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1	5 5 5.2 5.3 29 29 29 9 9 9 9 9 38 38 38.2 38	N N-M I-M I I I I N N N-M I I I I I I I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1 KMBC-HD1 KMBC-HD1 KMCI-2 KMCI-2 KMCI-HD1 KNPN-3 KNPN-HD3	5 5 5.2 5.3 29 29 9 9 9 9 9 38 38 38.2 38 26.3	N N-M I-M I-M I I I-M N N-M I I I-M I I I I I I	KANSAS CITY, MO         LAWRENCE, KS         LAWRENCE, KS         ST. JOSEPH, MO         ST. JOSEPH, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1 KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KNPN-3 KNPN-HD3 KQTV-1	5 5 5.2 5.3 29 29 9 9 9 9 9 38 38 38.2 38 38.2 38 26.3 26.3 26.3 2	N N-M I-M I-M I I I-M I I I I-M I I I I M I N	KANSAS CITY, MO         LAWRENCE, KS         LAWRENCE, KS         ST. JOSEPH, MO         ST. JOSEPH, MO         ST. JOSEPH, MO						
ws as Necessary	KCTV-1         KCTV-HD1         KCTV-2         KCTV-3         KCWE-1         KCWE-HD1         KMBC-HD1         KMBC-HD1         KMCI-1         KMCI-2         KMCI-HD1         KNPN-3         KNPN-HD3         KQTV-1         KSHB-1	5 5 5 5.2 5.3 29 29 9 9 9 9 9 9 9 38 38 38.2 38 26.3 26.3 26.3 2 41	N N-M I-M I-M I I N N-M I I I I I I I I N N N N N N N N	KANSAS CITY, MO         LAWRENCE, KS         LAWRENCE, KS         ST. JOSEPH, MO         ST. JOSEPH, MO         ST. JOSEPH, MO         KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1 KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KNPN-3 KNPN-HD3 KQTV-1	5 5 5.2 5.3 29 29 9 9 9 9 9 38 38 38.2 38 38.2 38 26.3 26.3 26.3 2	N N-M I-M I-M I I I-M I I I I-M I I I I M I N	KANSAS CITY, MO         LAWRENCE, KS         LAWRENCE, KS         ST. JOSEPH, MO         ST. JOSEPH, MO         ST. JOSEPH, MO         KANSAS CITY, MO         KANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-HD1 KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KNPN-3 KNPN-HD3 KQTV-1 KSHB-1 KSHB-1	5 5 5 5.2 5.3 29 29 9 9 9 9 38 38 38.2 38 26.3 26.3 26.3 2 41 41	N N-M I-M I-M I I N N-M I I I I I I I I N N N N N N N N	KANSAS CITY, MOKANSAS CITY, MOST. JOSEPH, MOST. JOSEPH, MOST. JOSEPH, MOKANSAS CITY, MO						
ws as Necessary	KCTV-1 KCTV-HD1 KCTV-2 KCTV-3 KCWE-1 KCWE-HD1 KMBC-1 KMBC-HD1 KMCI-1 KMCI-2 KMCI-HD1 KNPN-3 KNPN-HD3 KQTV-1 KSHB-1 KSHB-HD1 KSHB-HD1 KSMO-1	5 5 5 5.2 5.3 29 9 9 9 9 9 9 9 9 38 38 38.2 38 26.3 26.3 26.3 26.3 26.3 26.3 26.3 26.3	N N-M I-M I-M I I N N-M I I I I I I I I N N N N N N N N	KANSAS CITY, MO         LAWRENCE, KS         LAWRENCE, KS         ST. JOSEPH, MO         ST. JOSEPH, MO         ST. JOSEPH, MO         KANSAS CITY, MO         KANSAS CITY, MO						

CEQUEL CO	OWNER OF (								SYSTEM 037
	t every radio s	tation ca	arried on a separate and disc enerally receivable by your ca						н
eceivable if (1) on the basis of i for detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be rece t the Co sign of the statio	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.	at s th	the system's he ystem's FM ante is point, see pag	adend, and (: enna, during c ge (v) of the g	2) it can certain s eneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter Radio
ignal, indicate <b>Column 4:</b> G	this by placing ive the statior	g a chec n's locati	nal was electronically proces k mark in the "S/D" column. ion (the community to which th the community with which th	the	e station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALE OIGH		5,0	LOOKHON OF STATION	╞			5,0		
			·					·	
				1					

Accounting Perio	od: 2021/2						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					037307
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ifv everv noi	nnetwork televi	s <i>ion program</i> , broadcast by	/ a distant sta	tion. that v	our cable sv	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions i	n the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	<b>FITUTE CARRIAGE</b>				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute ba	isis, any nonr	network te	levision pro	qram
Statement and	broadcast by a distant sta		,					NO
Program Log	-						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	plete the pro	ogram
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs				s wherever p	ossible, if	their meanii	ng is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter "				
				asting the substitute progr				
	the case of Mexican or Car			he community to which the			the FCC or	; in
				stem carried the substitute		,	als with the	month
	first. Example: for May 7 give		when your by		program. O			monur
	, , , , ,		e substitute pro	ogram was carried by you	r cable syste	m. List the	times accu	rately
	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 be	9
	stated as "6:00-6:30 p.m."	" <b>D</b> " : ( ()						
	to delete under FCC rules a			was substituted for progr				
					ю ешегшет		me iisieu u	logiani
								0
	was substituted for program	nming that y						5
		nming that y						
	was substituted for program	nming that y			ler FCC rules		lations in	
	was substituted for progran effect on October 19, 1976	nming that y		as permitted to delete und	ler FCC rules	N SUBST	lations in TTUTE CURRED	7. REASON FOR
	was substituted for progran effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR DELETION
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w	as permitted to delete und	ler FCC rules WHE CARRI	N SUBST	lations in TTUTE CURRED	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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Accounting Period:	2021/2 FOR	M SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	037307
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 toi all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	rvice
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 \$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 \$62,800 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-mon accounting period is \$52.00. Line 1. Royalty fee for accounting period	ith
	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	
	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 \$ 331,229.06	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	9
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.0	0
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	1,993.29
	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)       \$ 1,993.2	9
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	0
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	2,013.29
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrigi See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informated on the second seco	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037307
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	22 384
	and nonbroadcast services	
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) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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</li> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified vner of the cable system
	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.

ccounting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	037307
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	
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 Assessment
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	
	<b> </b>

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