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

SA1-2E Short Form

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20212 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	003781
		T	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF 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 number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlus already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SALLISAW, OK MAILING ADDRESS OF CABLE SYSTEM:	
		IMAILING ADDRESS OF GADLE STOLEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 003781
D Area Served	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	mmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First Community	SALLISAW	OK
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	TIONS LLC							00378
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	v transmission s	ervice of t	he cable	
—	system, that is, the retransmission								
Secondary	about other services (including p	oay cable) in sp	ace F, n	ot here. All the	facts you	i state must be th			
Transmission Service: Sub-	last day of the accounting period						le evetere	brokon	
scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ly standa		, within a b		
	Block 1: In the left-hand block	in space E, th	e form lis	sts the categor					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		-						
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		139	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		40	12.02					
	Commercial		13	45.95					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat		,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services		,		0		υ.,		
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a varia	ble per-pr	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ho cable	system for ea	ch of the a	applicable servic	os listad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	e was m	nade or establis					
	brief (two- or three-word) descrip	otion and inclue	le the ra	te for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	17.00		ition: Non-res	idential				
	• Pay cable—add'l channel	19.00		el, hotel nmercial					
	Fire protection	19.00	-	r cable					
	•		,	cable-add'l ch	annel				
	•Durular protection		,	protection					
	•Burglar protection								
	Installation: Residential • First set	99.00	• Bur	glar protection					
	Installation: Residential	99.00 25.00		glar protection					
	Installation: Residential • First set		Other s			40.00			
	Installation: Residential • First set • Additional set(s)		Other s • Rec	services:		40.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec • Disc	services: connect		40.00			

counting Period: 2	2021/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC			00378 [.]
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination 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 sul 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 indep- pr "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	KETA-1	13	E	OKLAHOMA CITY, OK
	KFSM-1	5	N	FORT SMITH, AR
ws as Necessary	KFTA-1	24	I	FORT SMITH, AR
	KHBS-1	40	Ν	FORT SMITH, AR
	KHBS-2	40.2	I-M	FORT SMITH, AR
	KNWA-1	51	Ν	ROGERS, AR
	KOKI-1	23	l	TULSA, OK
	ΚΟΤΥ-1	6	N	TULSA, OK
	KTUL-1	8	Ν	TULSA, OK
	KXNW-1	25	I-M	EUREKA SPRINGS, AR

LEGAL NAME O								SYSTEM 003
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo	it is carried b monitoring, to ormation abou rm. dentify the call	y the sy be rece it the Co I sign of	III-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried.	at the system's l e system's FM ar	headend, and ntenna, during	(2) it ca certain	n be expected, stated intervals.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing Give the station	g a cheo n's locat	gnal was electronically proces ok mark in the "S/D" column. tion (the community to which th , the community with which th	the station is lice	ensed by the F			
			· · · · · · · · · · · · · · · · · · ·	T	T			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					
					{			

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					003781
	SUBSTITUTE CARRIAGE	: SPECIA			G			
I I	In General: In space I, identi	-	-		-	ion that voi	ır cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting period 	-	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion program	
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete	e the prograr	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	
	clear. If you need more space Column 1: Give the title				program") tha	t during the	e accounting	
	period, was broadcast by a	distant stati	ion and that you	ur cable system substitute	d for the prog	ramming of	another stat	tion
	under certain FCC rules, re							۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "basket	tball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	im.		500 ·	
	Column 4: Give the broat the case of Mexican or Can						e FCC or, in	
	Column 5: Give the mon	th and day	when your syst	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program carrie		10 p.m. to 0.2	0.00 p.m. 3		
	Column 7: Enter the lette							
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that y	our system wa			nu regulatio	5115 111	
	s	UBSTITUT	E PROGRAM	I		EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		163 01 110	CALL SIGN	4. STATION S LOCATION		TROM	_ 10	
			+		-			
			+					
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			+					
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			+		-			
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		003781
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	9,948.97 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		<u> </u>
	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)	
	4. Enter the empirit of groop requirts from an any K		
	Enter the amount of gross receipts from space K Base amount under statutory formula \$ 263,800.00		
	2. base aniount under statutory formula 203,000.00		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · ·	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC	SYSTEM ID# 003781
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	10 123
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone (90	3) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
	Email	RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	I, the undersite (Ow (Ag X (Of I have examinare true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. certion 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)	
l		Date: 2/1/2022	

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unting Period: 2021/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0037
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
x	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 4 Multiply line 3 by 0.00274** and enter here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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