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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
03/01/2022	\$ ALLOCATION NUMBER							

Return completed workbook by email to

coplicsoa@copyright.gov

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.
		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 unless these s 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:
	-	WEST KENTUCKY COMPLEX MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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.

Accounting Period:	2021/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	040661
Area Served	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First	EDDYVILLE	KY
Community	(WEST KY COMPLEX)	
Add Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

940661

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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 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).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken 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 charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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 has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2					
04750000/ 05 0500//05	NO. OF	DATE	04750000/ 05 0500//05	NO. OF	DATE			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
Service to first set	0	-						
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial	72	42.41						
Converter								
Residential								
Non-residential								
		1		I				

# F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

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) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	-	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	-	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 040661

#### **CEQUEL COMMUNICATIONS LLC**

G

#### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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, *except* (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), 76.61(e)(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.

**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:

- Do not 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 only on a substitute basis.
- 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.

**Column 1:** List each station's call sign. *Do not* 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" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
(BSI-1	23	l	CAPE GIRARDEAU, MO
(FVS-1	12	N	CAPE GIRARDEAU, MO
VDKA-1	49	1	PADUCAH, KY
VKPD-1	29	E	PADUCAH, KY
VPSD-1	6	N	PADUCAH, KY
KFVS(WQWQ)-2	12.2	l	PADUCAH, KY
VSIL-1	3	N	HARRISBURG, IL
a			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 040661

#### **CEQUEL COMMUNICATIONS LLC**

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-hand basis whose signals were generally receivable by your cable system during the accounting period

Н

Primary Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally

receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<b>_</b>		ļ			

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE CVCI	FF.M.				FOR	M SA1-2E. PAGE 5.
Name	CEQUEL COMMUNICA							SYSTEM ID# 040661
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant stat  Note: If your answer is "No, log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rec Do not use general categori	fy every non- ccounting pe- ing that mus r CONCER iod, did your tion? " leave the leave the leave E PROGRA itute progra- ce, please a of every non- distant stati- gulations, on- ies like "mov-	ennetwork televiseriod, under spett be included in the televiser of this page.  INING SUBST or cable system the televiser of this page.  INING SUBST or cable system on a separate add additional representation and that your authorizations.	ion program, broadcast bricific present and former F this log, see page (v) of the TTTUTE CARRIAGE carry, on a substitute base blank. If your answer is the line. Use abbreviations ows to the tables. Sion program ("substitute for cable system substitutes. See page (v) of the ger	y a distant sta CC rules, regu ne general inst sis, any nonne "Yes," you m wherever pos program") the ed for the progneral instruction	lations, or au ructions in the etwork televi  ust complete essible, if thei at, during the gramming of ons for furthe	sion program YES the program ir meaning is a accounting fanother stater information	em carried on a For a further -2 form.   X NO  m
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broathe case of Mexican or Can. Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	n was broad sign of the sadcast station adian station at and day we "5/7." ses when the Example: a ser "R" if the and regulation in that you want to the same that you want to the you want to the same that you want to the you want	station broadca on's location (thens, if any, the control of the c	sting the substitute progree community to which the community with which the tem carried the substitute gram was carried by youred by a system from 6:01 was substituted for progring the accounting perio	am. e station is lice e station is ide program. Use cable system :15 p.m. to 6:2 amming that y d; enter the le er FCC rules a	ntified). e numerals, l. List the tim 28:30 p.m. s your system tter "P" if the	with the mon nes accurate hould be was <i>require</i> elisted progr ons in	ely
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		FURRED FIMES TO	7. REASON FOR DELETION

Accounting Period:	·	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040661
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amou 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.	n service
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 \$263,8  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.	00.
	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 s accounting period is \$52.00.	ix-mon <sup>-</sup>
	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 \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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)	
	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) \$ 1,3	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 #	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in the paper SA1-2 form and the Excel instruction tab for more in the paper SA1-2 form and the Excel instruction tab for more in the paper SA1-2 form and the Excel instruction tab for more in the paper SA1-2 form and the Excel instruction tab for more in the paper SA1-2 form and the Excel instruction tab for more in the paper SA1-2 form and the Excel instruction tab for more in the paper SA1-2 form and the Excel instruction t	

Accounting Period:	2021/2										FORM	/I SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA											SYSTEM ID# 040661
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2) t  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast services.	the cable system's to of channels on which broadcast stations. of activated channels on carried television I	otal num the cab	ble	activated cha	annels durin	ng the ac	counting peri	od.		6 38	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORMA	TION IS NEE	i <b>DED</b> (Identi	ify an ind	dividual				
for Further Information	Address 3027 S (Number, s	S SE LOOP 323 street, rural route, apartm R, TX 75701 , state, zip)						Fax (options	Telephone	(903) 579		
O Certification	(Agent of owner in line 1 of sp	other than corporation or particles and that the owner) I am an officer (if ace B.  ment of account and hect to the best of my kes)]	irtnershi iion or p wner is n a corpor nereby de knowled	partners not a cor pration) of declare u dge, info	, of the boxes.  In the owner of ship) I am the reporation or partner (if under penalty trmation, and be shall be a shall	the cable sy duly authoriartnership; of a partnersh of law that a belief, and a	ystem as rized age or nip) of the all statem are made	identified in li nt of the owne e legal entity ic lents of fact co in good faith.	ne 1 of space Ber of the cable syldentified as own	/stem as iden		
		Typed or printed	name:	AL/	AN DANNI GRAMMIN in corporation o	ENBAUN IG	И	2/1/202	22			

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ccounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	040661
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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  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	
* 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	
ID number First community served Accounting period	

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