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 COPYRIC	 Return completed workbook by email to 							
-	ary Transmissions by	DATE RECEIVED	AMOUNT	_						
	ems (Short Form)			coplicsoa@copyright.gov						
			\$	For additional information,						
General instru	uctions are located	03/01/2022	, v	contact the U.S. Copyright						
-	of this workbook.	03/01/2022	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.						
			ALLOGATION NOMBER	_						
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	'YYY/(Period))							
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
	2021/2		·							
		_								
	202	12 Barcode Data Filing Period (optional	- see instructions)							
Accounting										
Period										
	Instructions:									
В	Give the full legal name of the owner of the subsidiary, not that of the paren	-	idiary of another corporation, give the full corp	oorate title						
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									
	-	y fee payment covering the entire accour								
	Check here if this is the system's first f	iling. If not, enter the system's ID number	r assigned by the Licensing Division.	004257						
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM	1							
	CEQUEL COMMUNICATIONS LLC	C								
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	Т)							
	SUDDENLINK COMMUNICATION	S								
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM								
	3027 S SE LOOP 323									
	TYLER, TX 75701	e number)								
	(City, town, state, zip)									
С	INSTRUCTIONS: In line 1, give any bu									
	names already appear in space B. In li		në system, il dillerent from the address	given in space B						
System	1	:								
	ALBANY, TX	EW.								
		Lm.								
	2 (Number, street, rural route, apartment, or suit	e number)								
	(City, town, state, zip code)									
	(oity, town, state, zip code)									

Privacy Act Notice: Section 111 of little 17 of the United States Code autorizes the Copyingti Office to collect the personally identifying information (PII) requested on thit 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							
Nume	CEQUEL COMMUNICATIONS LLC	0043							
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 identified city.	r mobile home parks should be reported in parentheses below the							
UCIVED									
F 'sst	CITY OR TOWN	STATE TX							
First Community	ALDANT								
Commanity									
dd Rows as Necessary									

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM									
	CEQUEL COMMUNICAT			00425							
-	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 about other services (including nay cable) in space E not here. All the facts you state must be those existing on the										
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: Bot						ole system	ı, broken			
scribers and	down by categories of secondar						•				
Rates	each category by counting the n		<i>.</i>	0,0				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 catego	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 of										
	Block 2: If your cable system	-									
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-r	Iand DIOCK. A IV	vo- or thre	e-word descript	ion of the s	service is			
		DCK 1					BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE		
	Residential:	SUBSCRIB	ERO	NATE	CAT	LOOKT OF SEP	VICE	SUBSCRIBERS	NATE		
	Service to first set		81	34.99							
	Service to additional set(s)		01	54.99							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		15	45.95							
	Converter	15 45.95		45.95							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s						
F	In General: Space F calls for ra	te (not subscril	oer) info	rmation with re	spect to a	ll your cable sys	tem's serv	vices that were			
Г	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		0.0	,			
Other Than											
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.										
ransmissions:	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						BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res							
	• Pay cable	17.00	• Mo	tel, hotel							
	• Pay cable—add'l channel	19.00	• Cor	mmercial							
	Fire protection		• Pay	/ cable							
	•Burglar protection		• Pay	/ cable-add'l ch	annel						
	Installation: Residential		• Fire	e protection							
	• First set	99.00	• Bur	glar protection							
	 Additional set(s) 	25.00		services:							
	• FM radio (if separate rate)		• Red	connect		40.00					
	• Converter		• Dis	connect							
	• Converter			CONTICCL							
	Converter			tlet relocation		25.00					
	Converter		• Out		ess	25.00 99.00					

In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations:	ATIONS LLC TELEVISION ntify every television station (including n during the accounting period, <i>except</i>		SYSTEM ID 00425								
PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations	TELEVISION ntify every television station (including n during the accounting period, <i>except</i>		00425								
In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations:	ntify every television station (including n during the accounting period, <i>except</i>										
carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations	n during the accounting period, except		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, <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), 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 <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. • 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. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational, 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 paper SA1-2 form. Colum											
KIDZ-1	42	1	ABILENE, TX								
		•	SNYDER, TX								
		N	ABILENE, TX								
			DENVER, CO								
			ABILENE, TX								
			SWEETWATER, TX								
		I-IVI -	SWEETWATER, TX								
KXVA-1	15		ABILENE, TX								

	Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Column 1: List each station's call sign. Do not report origination predictionmulticast stream associated with a station according to its over-the"WETA-2" as the same on the form.Column 2: Give the channel number the FCC assigned to the teleof license. For example, WRC is channel 4 in Washington, D.C.Column 3: Indicate in each case whether the station is a networkeducational station, by entering the letter "N" (for network), "N-M" ((for independent multicast), "E" (for noncommercial educational), cFor the meaning of these terms, see page (iv) of the general instruColumn 4: Give the location of each station. For U.S. stations, listFCC. For Mexican or Canadian stations, if any, give the name of theKIDZ-142KPCB-117KRBC-19KRMA-16KTXS-112KTXS-212.2	Column 1: List each station's call sign. Do not report origination program services such as HBO, ESI multicast stream associated with a station according to its over-the-air designation. For example, report WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over 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 educational station, by entering the letter "N" (for network), "N-N" (for network multicast), "I" (for indep (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educations), is the community to which the station of each station. For U.S. stations, list the community to which the station FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION KIDZ-1 42 I KRBC-1 9 N KRMA-1 6 E KTAB-1 32 N KTXS-1 12 N KTXS-2 12.2 I-M								

LEGAL NAME O									SYSTEM 004
	t every radio s	tation 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: lf signal, indicate Column 4: Column 4: Colum	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be rece t the Co sign of the static ion's sig g a chec n's locati	I-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 th the community with which th	at e s th	the system's he system's FM antr is point, see page ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	, AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0			CALL SIGN		3/D		
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
-									
				1					

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS L	LC					004257	
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	ify every noi	nnetwork televi	sion program, broadcast by	a distant sta	tion, that yo	our cable sys	stem carried on a	
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT		RNING SUBS	TITUTE CARRIAGE					
Special	 During the accounting per 	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	gram	
Statement and Program Log	broadcast by a distant sta						YES	XNO	
Flogram Log	-								
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each subst				s wherever po	ossible, if t	heir meanin	ig is	
	clear. If you need more spa			rows to the tables. /ision program ("substitute	program") t	oot during	the ecolur	ting	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.						-		
				er "Yes." Otherwise enter "					
				asting the substitute progr he community to which the		oppod by	the ECC or	in	
	the case of Mexican or Car		、	,		,		, 111	
				stem carried the substitute		,	ls, with the	month	
	first. Example: for May 7 giv		, ,				,		
				ogram was carried by your					
	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.m	i. should be	1	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming that		m was rea	uirod	
	to delete under FCC rules a								
								- egi aini	
	was substituted for program	nming that y	your system wa	as permitted to delete und	ler FCC rules	and regul	ations in		
	effect on October 19, 1976.	• •	your system w		ler FCC rules	and regul	ations in		
		• •	your system w			Ū			
	effect on October 19, 1976.			as permitted to delete und	WHE	N SUBST	ITUTE		
	effect on October 19, 1976.		E PROGRAM	as permitted to delete und	WHE	N SUBST	ITUTE SURRED		
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	7. REASON FOR DELETION	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	004257							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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, se							
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 \$26 • 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.	63,800							
	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 this accounting period is \$52.00.	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 \$137,100)							
	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 \$527,60	0)							
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	,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		WNER OF CABLE SYSTEM: MUNICATIONS LLC					SYSTEM ID# 004257
M Channels	to its subscribers, 1. Enter the total system carried t 2. Enter the total on which the ca	u must give (1) the number of , and (2) the cable system's number of channels on whic television broadcast stations number of activated channe ble system carried televisior ast services	total num h the cab ls ı broadca	ber of activated of the stations	channels during th		s
N Individual to Be Contacted		BE CONTACTED IF FURTI bout this statement of accou		DRMATION IS N	EEDED (Identify a	n individual	
for Further Information	Name	RODNEY HASKINS				Telephor	ne (903) 579-3152
	Address	3027 S SE LOOP 32: (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		iite number)			
	Email	RODNEY.HAS	KINS@A	ALTICEUSA.CC	M	Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in lii X (Office in lii V I have examined	ed, hereby certify that (Check r other than corporation or p of owner other than corpor ne 1 of space B and that the er or partner) I am an officer ne 1 of space B. the statement of account and e, and correct to the best of m	one, <i>but o</i> partnersh ation or p powner is r (if a corpo	nly one, of the bo nip) I am the owne partnership) I am not a corporation o pration) or a partn declare under pen	oxes.) er of the cable syste the duly authorize or partnership; or er (if a partnership) valty of law that all s	ith Copyright Office regulation em as identified in line 1 of spa d agent of the owner of the cal of the legal entity identified as statements of fact contained he made in good faith.	ce B; or ole system as identified owner of the cable system
		Typed or printe Title:	Enter sig d name: SVP,	ALAN DAN	ire on the line above (s/ signature" (e.g., INENBAUM	e to certify this statement. /s/ John Smith)	
		(Title of o	micial positi	ion held in corporatic	n or partnersnip)	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.

accounting Period: 2021/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	004257
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	
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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