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	ACCOUNTING 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 salready 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:							
		BRECKENRIDGE, TX MAILING ADDRESS OF CABLE SYSTEM:							
		MALLING ADDITION OF GABLE STOTLIN.							
	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 filling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II							
ramo	CEQUEL COMMUNICATIONS LLC	00431							
		A "community" is the same as a "community unit" as defined in FCC rules							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft								
	as the "first community." Please use it as the first community on all future filings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below								
Served	identified city.								
	CITY OR TOWN	STATE							
First	BRECKENRIDGE	TX							
Community									
d Rows as Necessary									

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 004319

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	652	34.99					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	27	45.95					
Converter							
Residential							
Non-residential							
		T		1	[

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	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel			
 Pay cable—add'l channel 	19.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
 Additional set(s) 	25.00	Other services:			
 FM radio (if separate rate) 		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004319

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 paper 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
KERA-1	13	E	DALLAS, TX
KERA-HD1	13	E-M	DALLAS, TX
KIDZ-1	42	1	ABILENE, TX
KPCB-1	17	1	SNYDER, TX
KRBC-1	9	N	ABILENE, TX
KRBC-HD1	9	N-M	ABILENE, TX
KTAB-1	32	N	ABILENE, TX
KTAB-2	32.2	I-M	ABILENE, TX
KTAB-3	32.3	I-M	ABILENE, TX
KTAB-HD1	32	N-M	ABILENE, TX
KTXS-1	12	N	SWEETWATER, TX
KTXS-2	12.2	I-M	SWEETWATER, TX
KTXS-3	12.3	I-M	SWEETWATER, TX
KTXS-4	12.4	I-M	SWEETWATER, TX
KTXS-HD1	12	N-M	SWEETWATER, TX
KXTX-1	39	I	DALLAS, TX
KXVA-1	15	l	ABILENE, TX
KXVA-HD1	15	I-M	ABILENE, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004319

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

Н

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.

Primary Transmitters: Radio

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
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
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Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
	CEQUEL COMMUNICATIONS LLC 004319									
 Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televi eriod, under sp	ision program, broadcast by pecific present and former F	<i>i</i> a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further		
Carriage: Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	 During the accounting per broadcast by a distant star 	•	ır cable syster	n carry, on a substitute ba	sis, any nonr	network te	levision prog	X NO		
	Note: If your answer is "No	," leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	must comp	olete the pro	gram		
	log in block 2. 2. LOG OF SUBSTITUTE	BBOCBA	MC							
	In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please of every no distant stat gulations, of ies like "mo Bulls." In was broas sign of the adcast station and and day we "5/7." es when the Example: a er "R" if the and regulati	am on a separ add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, ente station broadd on's location (i ons, if any, the when your sy e substitute pro a program care listed prograr ions in effect d	rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the ge etball." List specific program "Yes." Otherwise enter deasting the substitute program was carried by you ried by a system from 6:01 m was substituted for proglaring the accounting period	e program") the dofor the program titles, for each of the program. "No." ram. e station is lide station is ide program. r cable system of the program. It is p.m. to 6 to the program of the program	hat, during ogrammin ions for fu example, " censed by entified). se numera m. List the 5:28:30 p.r. t your syst letter "P" if	g the account g of another rther informa I Love Lucy" the FCC or, als, with the retimes accur in. should be seem was required.	ting station ation. or in month rately		
	effect on October 19, 1976.	•		·		N SUBST				
	SI	JBSTITUT	E PROGRAM	1	l I	AGE OC		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	6. FROM	TIMES TO	DELETION TO		
		Tes or No	CALL SIGN	4. STATIONS LOCATION	AND DAT	FROW	_ 10			
								 		
							_			
							_			
							_			

counting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:			A1-2E. PAGE YSTEM II
Name	CEQUEL COMMUNICATIONS LLC			0043
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary tran	nsmission servic nis amount, se	5,732.75
_	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. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less. See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	s than \$527,600		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OI	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00.	t you must pay fo	r this six-month	
	Line 1. Royalty fee for accounting period			
	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	12	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but to	more than \$137	,100)	
	Base amount under statutory formula	263,800.00	<u>) </u>	
	2. Enter amount of gross receipts from space K	175,732.75	<u>5</u>	
	3. Subtract line 2 from line 1	88,067.25	<u>5</u>	
	4. Enter the amount of gross receipts from space K	<u>\$</u>	175,732.75	
	5. Enter the amount from line 3	<u>\$</u>	88,067.25	
	6. Subtract line 5 from line 4	\$	87,665.50	
	7. Multiply line 6 by .005 (enter figure here)		\$	438.33
	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		\$	438.33
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bit	ut less than \$52	7,600)	
	Enter the amount of gross receipts from space K			
	Base amount under statutory formula	263,800.00)	
	3. Subtract line 2 from line 1	,		
	4. Multiply line 3 by .01		_	
	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			
	TIERRY TELEVISION TO THE NEIGHT PARTY BUT			
Filing Fee and otal Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	438.33	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	458.33
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment pays See page i of the general instructions in the paper SA1-2 form and the Excel ins	-		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 004319			
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	number of channels on which television broadcast stations number of activated channels able system carried television	otal numl		ccounting period.	275			
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accoun		DRMATION IS NEEDED (Identify an in	dividual				
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152			
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartn TYLER, TX 75701 (City, town, state, zip)	nent, or sui	alticeusa.com	Fax (optional)				
					·				
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]								
		Typed or printed	Enter sign	/s/ Alan Dannenbaum electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ J					
		Title:		PROGRAMMING on held in corporation or partnership)					
		Date:	ndai positio	or near it corporation of partite(strip)	2/1/2022				

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 004319 **CEQUEL COMMUNICATIONS LLC** 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here 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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