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

<b>QTATEM</b>	ENT	OF ACCOUNT	FOR COPYRIC	<ul> <li>Return completed workbook by email to</li> </ul>					
		ransmissions by	DATE RECEIVED	AMOUNT					
	-	Short Form)			<u>coplicsoa@copyright.gov</u>				
	(			\$	For additional information,				
General instru	uctions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at				
in the first tab of this workbook.			00/01/2022	ALLOCATION NUMBER	(202) 707-8150.				
					-				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
1			_						
l .		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
1			1						
1			1						
		20212	Barcode Data Filing Period (optional	- see instructions)					
Accounting									
Period									
· <u>·····</u>		Instructions:							
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full corp	orate title				
Owner		List any other name or names under which the owner conducts the business of the cable system.							
1									
1		If there were different owners during the single statement of account and royalty f		the last day of the accounting period should su nting period.	ibmit a				
1		Chack have if this is the system's first filin	a If not ontor the system's ID number	accienced by the Licensing Division	060208				
l		Check here if this is the system's first filin	g. If not, enter the system's 1D humber	assigned by the Licensing Division.					
l I		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
1		CEQUEL COMMUNICATIONS LLC							
1		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Γ)					
1		SUDDENLINK COMMUNICATIONS							
1		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
1		3027 S SE LOOP 323							
1		(Number, street, rural route, apartment, or suite number)							
l I		TYLER, TX 75701 (City, town, state, zip)							
С				ntify the business and operation of the					
	name	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1								
		FORESTHILL, CA MAILING ADDRESS OF CABLE SYSTEM	•						
l .									
l I	2	(Number, street, rural route, apartment, or suite n	umber)						
l .		(City, town, state, zip code)							
		(), 10111, 01110, Lip 0000/							

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	060				
	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	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the				
Served	identified city.					
-	CITY OR TOWN FORESTHILL	STATE				
First Community	FURESTHILL	СА				
Community						
dd Rows as Necessary						
		***************************************				
		***************************************				
l						

									A1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY			
	CEQUEL COMMUNICA			06020							
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
Secondary Fransmission	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										
Service: Sub-	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										
scribers and	down by categories of secondar						,	,			
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number o	of persons or org	anizations	s charged			
	separately for the particular serv					•	,				
	Rate: Give the standard rate of	-	-	•				-			
	unit in which it is generally billed category, but do not include disc				ny standa	ro rate variation	s within a	particular rate			
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ice that cable			
	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 of					a in the count un	der Serv	ice to the			
	Block 2: If your cable system					service that are	different	from those			
	printed in block 1 (for example,	-		•							
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	vo- or thre	e-word descript	on of the	service is			
	sufficient.	OCK 1					BLOCK	()			
		NO. OF					BLUUR	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	VICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		22	34.99							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		5	45.95							
	Converter										
	Residential										
	Non-residential										
	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										
F		not covered in space E, that is, those services that are not offered in combination with any secondary transmission									
<b>.</b> .	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 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.										
Other Than	-			<b>,,,</b>	iles ale ci	narged on a vari					
	-	rate column.	he cable	-		-					
Other Than Secondary	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by t t your cable sys	stem fur	e system for ea	ch of the ed during	applicable servio	ces listed. period that	t were not			
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	stem fur je was r	e system for ea nished or offer nade or establi	ch of the ed during	applicable servio	ces listed. period that	t were not			
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by t t your cable sys separate charg	stem fur je was r	e system for ea nished or offer nade or establi	ch of the ed during	applicable servio	ces listed. period that	t were not			
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	rate column. te charged by t t your cable sy separate charg ption and inclue BLO	stem fur je was n de the ra CK 1	e system for ea nished or offer nade or establi te for each.	ich of the ed during shed. List	applicable service the accounting p these other service	ces listed. beriod that vices in th	t were not e form of a BLOCK 2			
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	rate column. te charged by t t your cable sy separate charg ption and includ	stem fur je was n de the ra CK 1 CATEG	e system for ea nished or offer nade or establi te for each. ORY OF SER	ich of the ed during shed. List	applicable servio	ces listed. beriod that vices in th	t were not e form of a	E RATE		
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sy separate charg ption and inclue BLO	stem fur ge was n de the ra CK 1 CATEG Installa	e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res	ich of the ed during shed. List	applicable service the accounting p these other service	ces listed. beriod that vices in th	t were not e form of a BLOCK 2	E RATE		
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sy separate charg ption and inclue BLO	stem fur ge was n de the ra CK 1 CATEG Installa • Mot	e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel	ich of the ed during shed. List	applicable service the accounting p these other service	ces listed. beriod that vices in th	t were not e form of a BLOCK 2	E RATE		
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sy separate charg ption and inclue BLO	stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Cor	e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial	ich of the ed during shed. List	applicable service the accounting p these other service	ces listed. beriod that vices in th	t were not e form of a BLOCK 2	E RATE		
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Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sy separate charg ption and includ BLO RATE	stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	ich of the ed during shed. List VICE idential	applicable service the accounting p these other service	ces listed. beriod that vices in th	t were not e form of a BLOCK 2	E RATE		
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Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg ption and includ BLO RATE	stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Other s • Rec	e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	ich of the ed during shed. List VICE idential	applicable service the accounting p these other service	ces listed. beriod that vices in th	t were not e form of a BLOCK 2	E RATE		
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg ption and includ BLO RATE	stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Fire • Bur • Bur • Other s • Rec • Disc	e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: onnect connect	ich of the ed during shed. List VICE idential	applicable service the accounting p these other service RATE	ces listed. beriod that vices in th	t were not e form of a BLOCK 2	E RATE		
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Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
	CEQUEL COMMUNIC	CATIONS LLC		0602					
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)								
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> of • List the station here, and basis. For further informatii <b>Column 1</b> : List each statio multicast stream associate "WETA-2" as the same on <b>Column 2</b> : Give the chanr of license. For example, W <b>Column 3</b> : Indicate in eac educational station, by ent (for independent multicast For the meaning of these t	em during the accounting period, except in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations can ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain si rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- ogram services such as HBO, ES air designation. For example, re- vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KCRA-1	3	N	SACRAMENTO, CA					
			-						
N	KMAX-1	31	I	SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1	31	-	SACRAMENTO, CA STOCKTON, CA					
s as Necessary	KMAX-1 KOVR-1 KQCA-1	31 13 58	I	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA					
as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1	31 13 58 40	       	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA					
is as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1	31 13 58 40	       	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
iws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
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iws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
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iws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					
ws as Necessary	KMAX-1 KOVR-1 KQCA-1 KTXL-1 KVIE-1	31 13 58 40 6	             	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA					

LEGAL NAME OI								SYSTEM 0602
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S	it is carried by monitoring, to prmation abou rm. dentify the call state whether t	y the sys be rece It the Co sign of the statio	II-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	at the system's h system's FM an his point, see pa	eadend, and ( tenna, during o ige (v) of the g	2) it can certain s jeneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter: Radio
ignal, indicate <b>Column 4:</b> G	this by placing Give the station	g a chec n's locati	k mark in the "S/D" column. ion (the community to which the the community with which the	ne station is lice	nsed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

	od: 2021/2						FOR	VI SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS L	LC					060208	
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
		-	-			tion. that vo	ur cable svs	tem carried on a	
	<b>In General:</b> In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	ne general ins	structions in	the paper S	A1-2 form.	
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	etwork tele	vision prog	r <u>am</u>	
Program Log	broadcast by a distant sta	tion?					YES	× NO	
	Note: If your answer is "No	" loovo tho	roct of this pa	ao blank. If your answor is	"Voc" vou		-		
	-	, leave life	rescortins pa	ge blank. If your answer is	s res, your		ete the proj	Jian	
	log in block 2. 2. LOG OF SUBSTITUTE		Me						
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible if th	eir meanin	a is	
	clear. If you need more spa				,e.e.e. p			9.0	
				/ision program ("substitute					
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		stample, i	LOVE LUCY	01	
			dcast live, ente	er "Yes." Otherwise enter "	'No."				
				asting the substitute progr					
				he community to which the			he FCC or,	in	
	the case of Mexican or Car			stem carried the substitute			s with the r	nonth	
	first. Example: for May 7 giv	•	when your sys		piogram. O	be numerai		nontin	
			e substitute pro	ogram was carried by your	r cable syste	n. List the t	imes accur	ately	
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.m.	should be		
	stated as "6:00–6:30 p.m."	ar "D" if tha	lists d program	a waa awhatitutad far araa	community of the of	vour ovete		ire d	
	to delete under FCC rules a			n was substituted for progr					
	was substituted for program							-9.4	
	effect on October 19, 1976					-			
	9	IBSTITLIT							
	0		E DROCRAM			N SUBSTI		7 REASON FOR	
			E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION	
1	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC	URRED		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES		

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		060208
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission servic∉ amount, se	<b>,679.29</b> ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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 th accounting period is \$52.00.	is 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 \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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)	1,319.00	
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC			SYSTEM ID# 060208
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r	and (2) the cable system's t number of channels on whic elevision broadcast stations number of activated channel	total numl h the cab s		s 7
		ble system carried television			. 55
N Individual to Be Contacted		BE CONTACTED IF FURTH pout this statement of account		PRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephon	e (903) 579-3152
		3027 S SE LOOP 32: (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned     (Owner     (Agent of     in lir     X     (Office     in lir	d, hereby certify that (Check o other than corporation or p of owner other than corpor- ne 1 of space B and that the o r or partner) I am an officer ( ne 1 of space B.	one, <i>but of</i> partnersh ation or p owner is n if a corpo	ip) I am the owner of the cable system as identified in line 1 of space (nartnership) I am the duly authorized agent of the owner of the cab ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as	e B; or le system as identified owner of the cable system
		, and correct to the best of m	y knowled	eclare under penalty of law that all statements of fact contained her ge, information, and belief, and are made in good faith.	
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	060208
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x       days         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	
(interest charge) * 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	
Address	

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