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		ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	<ul> <li>Return completed workbook by email to</li> </ul>						
for Seconda			DATE RECEIVED	AMOUNT	-						
Cable Syste	-	-			<u>coplicsoa@copyright.gov</u>						
				\$	For additional information, contact the U.S. Copyright						
General instru	uctions are lo	ocated	03/01/2022		Office Licensing Division at						
in the first tab	of this work	book.		ALLOCATION NUMBER	(202) 707-8150.						
Α	ACCOUNT	ING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))							
	2021/	2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
	2021/	-									
			1								
		2021	Barcode Data Filing Period (optional	- see instructions)							
Accounting											
Period											
	Instruc		the cable system. If the owner is a subs	idiary of another corporation, give the full corp	porato titlo						
В		subsidiary, not that of the parent	•								
Owner	List an	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										
			fee payment covering the entire accour								
	Check	here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	060929						
	LEG	AL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM								
	CEQU	IEL COMMUNICATIONS LLC									
	BUSI	NESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Г)							
	SUDD	ENLINK COMMUNICATIONS									
		NG ADDRESS OF OWNER O	F CABLE SYSTEM								
	3027 S SE LOOP 323										
	(Number, street, rural route, apartment, or suite number)										
	TYLER, TX 75701 (City, Iown, state, zip)										
С				entify the business and operation of the							
	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 IDENTIFICATION OF CABLE SYSTEM: LAWRENCEVILLE CORRECTIONAL FACILITY										
		IG ADDRESS OF CABLE SYSTEM									
	2 (Numbe	r, street, rural route, apartment, or suite	number)								
	(City, to	wn, state, zip code)									

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 ID#
	CEQUEL COMMUNICATIONS LLC	06092
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LAWRENCEVILLE	VA
Community	(LAWRENCEVILLE CORR)	
d Rows as Necessary		

Name	LEGAL NAME OF OWNER OF C		SY									
	CEQUEL COMMUNICA	TIONS LLC							06092			
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIB	ERS AND RATE	s							
E	In General: The information in s					transmission s	service of	the cable				
	system, that is, the retransmission											
Secondary Transmission	about other services (including particular to a service of the accounting period						hose exis	ting on the				
Service: Sub-	Number of Subscribers: Bot	`			• •		ole svstem	. broken				
scribers and												
Rates	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). <b>Rate:</b> 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	-	-					-				
	category, but do not include disc	· · ·	,		stanuaru		s wiu iir a	particular rate				
	Block 1: In the left-hand block				of secor	ndary 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						•					
	. ,											
	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 a	and rates, in th	e right-hai	nd block. A two- c	or three-	word descript	on of the	service is				
	sufficient.	OCK 1					BLOCK	( )				
		NO. OF					BLUUR	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATEC	GORY OF SEF	RVICE	SUBSCRIBERS	RATI			
	Residential:											
	<ul> <li>Service to first set</li> </ul>		0	-								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		65	42.41								
	Converter											
	Residential											
	Non-residential											
			I									
	SERVICES OTHER THAN SEC											
F	In General: Space F calls for ra		,	•								
•	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 (	·				
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the rate column.											
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
Rales	<b>Block 2:</b> 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.											
	, , .	BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		RY OF SERVICE	F	RATE	CATEG	DRY OF SERVIC	E RATE			
	Continuing Services:			on: Non-residen								
	• Pay cable	-	Motel	, hotel								
	• Pay cable—add'l channel	-	Comr	nercial								
	Fire protection		• Pay c									
	•Burglar protection			able-add'l channe	nel							
	Installation: Residential		-	rotection								
	• First set	-		ar protection								
			Other se	-								
	<ul> <li>Additional set(s)</li> </ul>	-										
		-	• Reco	nnect		-						
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	-	• Reco • Disco			-						
	• FM radio (if separate rate)	-	• Disco	nnect								
	• FM radio (if separate rate)	-	• Disco • Outle			-						

ounting Period: 2	2021/2			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 060929						
name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the						
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATIO									
	WCVE-1	23	E							
				RICHMOND, VA						
	WRIC-1	8	N	PETERSBURG, VA						
as Necessary	WRLH-1	35		RICHMOND, VA						
	WTVR-1	6	N	RICHMOND, VA						
	WUPV-1	65	<b>I</b>	ASHLAND, VA						
	WWBT-1	12	N	RICHMOND, VA						

all-band basis whos Special Instruction receivable if (1) it is on the basis of more For detailed information paper SA1-2 form. Column 1: Ident Column 2: State Column 3: If the signal, indicate this Column 4: Give Mexican or Canadia	ery radio static se signals wer <b>ns Concernin</b> s carried by the nitoring, to be r ation about the tify the call sign whether the s radio station's by placing a c the station's lo	on carr e gene g All-E e syste ecceive e Copy n of ea station s signa heck r ocation any, th	ied on a separate and disc erally receivable by your ca <b>Band FM Carriage:</b> Under im whenever it is received ed at the headend, with the rright Office regulations on ach station carried. is AM or FM. al was electronically process mark in the "S/D" column. In (the community to which the <u>COCATION OF STATION</u>	abl C at e s th	e system during opyright Office r the system's he ystem's FM ante is point, see pag ed by the cable s e station is licen	the accountin regulations, and adend, and (2 enna, during c ge (v) of the g system as a so sed by the FC	ng perio n FM sig 2) it can certain s eneral ii eparate	d. nal is generally be expected, tated intervals. nstructions in the. and discrete	H Primary Transmitter Radio
eceivable if (1) it is on the basis of mor For detailed informa- paper SA1-2 form. Column 1: Ident Column 2: State Column 3: If the signal, indicate this Column 4: Give Mexican or Canadia	s carried by the nitoring, to be r ation about the tify the call sign whether the s radio station's by placing a c the station's lo an stations, if a	e syste receive Copy of ea station s signa heck r ocation any, th	em whenever it is received ad at the headend, with the rright Office regulations on ach station carried. is AM or FM. al was electronically proces mark in the "S/D" column. in (the community to which the re community with which the	at e s th sse	the system's he ystem's FM ante is point, see page ed by the cable s e station is licen station is identif	eadend, and ( enna, during c ge (v) of the g system as a s sed by the FC ied).	2) it can certain s eneral ii eparate CC or, in	be expected, tated intervals. nstructions in the. and discrete the case of	Transmitter
							S/D	LOCATION OF STATION	
				-					
				-					
				-					
				-		 			
				-					
				-					1
				.					
				-					
·									
				-					

Accounting Perio	d: 2021/2					FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				060929
	SUBSTITUTE CARRIAGE	-	-				
•	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorization	ns. For a further
Substitute Carriage:	explanation of the programm				le general ins	structions in the paper 5	A 1-2 10111.
Special	1. SPECIAL STATEMEN	-			·		
Statement and	• During the accounting per		Ir cable systen	n carry, on a substitute ba	sis, any nonr		
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the prog	Iram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				s wherever p	ossible, if their meaning	g is
				vision program ("substitute	e program") ti	hat. during the account	ina
	period, was broadcast by a	distant stat	tion and that yo	our cable system substitut	ed for the pro	ogramming of another	station
1	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I Love Lucy"	or
			dcast live, ente	er "Yes." Otherwise enter "	'No."		
				asting the substitute progr			
	the case of Mexican or Car		· ·	he community to which the			in
				stem carried the substitute			nonth
	first. Example: for May 7 giv						
	to the nearest five minutes.			ogram was carried by your			ately
	stated as "6:00–6:30 p.m."		a program can	led by a system norm 0.01	. 15 p.m. to o	.20.30 p.m. should be	
	Column 7: Enter the lett			n was substituted for progr			
	to delete under FCC rules a						ogram
	was substituted for program effect on October 19, 1976.	• •	your system wa	as permitted to delete und			
							1
	SI	JBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	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. TIMES FROM — TO	DELETION
						_	
						_	
						_	

Accounting Period:	2021/2	FORM SA1	-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#							
	CEQUEL COMMUNICATIONS LLC		060929							
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 service amount, se	<b>517.14</b> s 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 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         \$         263,800.00									
	2. Enter amount of gross receipts from space K									
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K									
	5. Enter the amount from line 3									
	6. Subtract line 5 from line 4									
	7. Multiply line 6 by .005 (enter figure here)									
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
	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)	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									
500 E (										
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		VNER OF CABLE SYSTEM:			SYSTEM ID# 060929
<b>M</b> Channels	to its subscribers, 1. Enter the total n system carried te	and (2) the cable system's number of channels on which	total num h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	6
	on which the cab	ble system carried television	broadcas	st stations	31
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of account		PRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	(903) 579-3152
		3027 S SE LOOP 323 (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 c	d, hereby certify that (Check o other than corporation or p of owner other than corpora	one, <i>but or</i> partnersh ation or p	ip) I am the owner of the cable system as identified in line 1 of space partnership) I am the duly authorized agent of the owner of the cable	e B; or
	X (Officer in lin • I have examined t	r <b>or partner)</b> I am an officer ( le 1 of space B. the statement of account and and correct to the best of m	if a corpo hereby d	ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as o eclare under penalty of law that all statements of fact contained here 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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06092
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
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.	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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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	

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