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 COPYRIG	FOR COPYRIGHT OFFICE USE ONLY					
	ary Transmissions by	DATE RECEIVED	AMOUNT	-				
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>				
			\$	For additional information, contact the U.S. Copyright				
General instru	uctions are located	03/01/2022		Office Licensing Division at				
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.				
Α	ACCOUNTING PERIOD CO	VERED BY THIS STATEMENT: (Y	YYY/(Period))					
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20212 Barcode Data Filing Period (optional	- see instructions)					
Accounting								
Period								
	Instructions:	owner of the cable system. If the owner is a subsi	idiary of another corporation, give the full corr	porate title				
В	of the subsidiary, not that of th							
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							
		d royalty fee payment covering the entire accourt						
	Check here if this is the system	's first filing. If not, enter the system's ID number	assigned by the Licensing Division.	061993				
	LEGAL NAME OF OWNER	R/MAILING ADDRESS OF CABLE SYSTEM						
	CEQUEL COMMUNICATIO	NS LLC						
	BUSINESS NAME(S) OF O	WNER OF CABLE SYSTEM (IF DIFFERENT	Γ)					
		ATIONS						
	MAILING ADDRESS OF OW							
	3027 S SE LOOP 323							
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701							
	(City, town, state, zip)							
С		any business or trade names used to ide						
	· · · ·	B. In line 2, give the mailing address of the	ie system, il different from the address	given in space B				
System	1	1 LINCOLN & LOGAN CORRECTIONAL FACILITY						
	MAILING ADDRESS OF CABL							
	2 (Number, street, rural route, apartme	nt, or suite number)						
	(City, town, state, zip code)							

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Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm	061993
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LINCOLN	IL
Community	(LINCOLN & LOGAN CORR)	
Rows as Necessary		

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID								
	CEQUEL COMMUNICA	TIONS LLC							06199	
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES					
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								
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 svstem	n. broken		
scribers and	down by categories of secondar	•					,	,		
Rates	each category by counting the n			•••				s charged		
	separately for the particular serv					•	,	we and the		
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	· · ·			ny stanua		s wiu iir a			
	Block 1: In the left-hand block				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									
	first set" and would be counted									
	Block 2: If your cable system	0			· · ·	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 tv	vo- or thre	e-word descripti	on of the	service is		
	sufficient.	JCK 1					BLOCK	< 2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:		•							
	Service to first set		0	-						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel		400							
	Commercial		106	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for ra	te (not subscri	ber) info	rmation with re	spect to a	ll your cable sys	tem's serv	vices that were		
	not covered in space E, that is, t									
Services	service for a single fee. There a furnished at cost or (2) services	•			0		0 (	,		
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the			-		-		-		
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<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	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res						
	• Pay cable	-	• Mo	tel, hotel						
	• Pay cable—add'l channel	-	• Cor	mmercial						
	Fire protection		• Pay	/ cable						
	•Burglar protection		•Pay	/ cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection						
	• First set	-	• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>	-		services:						
	• FM radio (if separate rate)		• Red	connect		-				
		h	1				1			
	Converter		• Dis	connect						
	• Converter			connect tlet relocation		-				
	• Converter		• Out		ess					

counting Period: 2	2021/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID 061993					
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub-	ime basis under ams [sections tions carried on a pstitute program					
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	el number the FCC assigned to the tele	, see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo	ons. N, etc. Identify each rt multistream					
	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> 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. <b>Column 4:</b> 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.								
	1. CALL SIGN	4. LOCATION OF STATION							
	WAND-1	17	N	DECATUR, IL					
	WBUI-1	23		DECATUR, IL					
Rows as Necessary	WCFN-1	49		SPRINGFIELD, IL					
Rows as Necessary	WICS-1		N	SPRINGFIELD, IL					
	WILL-1	12	E	CHAMPAIGN, IL					
	WMBD-1	31	Ν	PEORIA, IL					
	WRSP-1	55	I	SPRINGFIELD, IL					
		Annon an							

EGAL NAME OI								SYSTEM 0619
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under of 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	it the system's h system's FM ant his point, see pa	eadend, and (: enna, during c ge (v) of the g	2) it can certain s eneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter: Radio
Column 4: G	live the statior	n's locati	k mark in the "S/D" column. ion (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
				1	1	r		

	od: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061993
	SUBSTITUTE CARRIAG			NT AND PROGRAM LO	G			
Substitute	<b>In General:</b> In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or au	uthorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ie general in		ie paper ei	
Special	During the accounting per	-			sis anv nonr	network televi	ision progr	am
Statement and	broadcast by a distant sta			n ourry, on a oubolitate ba	olo, any nom			
Program Log	,						YES	
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complet	e the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Lise abbreviations	wherever n	ossible if the	ir meaning	n ie
	clear. If you need more spa						ii meaning	<i>J</i> 15
	Column 1: Give the title	of every no	onnetwork telev	/ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	or authorization ovies" or "bask	is. See page (v) of the ger etball " List specific progra	neral instruct	example "I I c	er informatiove Lucy" (	tion. or
	"NBA Basketball: 76ers vs.	Bulls."				,		
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		censed by the	e FCC or i	in
	the case of Mexican or Car						0000,	
			when your sy	stem carried the substitute	e program. U	se numerals,	with the m	nonth
	first. Example: for May 7 giv		e cubetitute pr	ogram was carried by your	r cable system	m list the tin		atoly
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the lett to delete under FCC rules a			n was substituted for progr				
	was substituted for program							Jgrann
	effect on October 19, 1976			•		Ū		
	SUBSTITUTE PROGRAM							
	SI	UBSTITUT	E PROGRAM			N SUBSTITI		7. REASON FOR
	SI 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCU	RRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	

Accounting Period:	<b>2021/2</b> FORM SA1-2E. F	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	M ID#
	CEQUEL COMMUNICATIONS LLC 06	1993
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	
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 \$263,800</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>	
	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 six-month accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period \$ 52.	00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	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 \$527,600)	
	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	
	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)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.	00
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 061993
M Channels	to its subscribers, a 1. Enter the total nu system carried tel	and (2) the cable system's umber of channels on whic	total numl h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	7
		le system carried television t services		st stations	47
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of accou		ORMATION IS NEEDED (Identify an individual	
for Further Information	Name <b>F</b>	RODNEY HASKINS		Telephone	(903) 579-3152
	۳ ۲	3027 S SE LOOP 323 Number, street, rural route, apart <b>FYLER, TX 75701</b> City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned,     (Owner o	, hereby certify that (Check	one, <i>but or</i> Dartnersh	rtified and signed in accordance with Copyright Office regulations nly one, of the boxes.) 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
	in line X (Officer in line I have examined th	<ul> <li>a of space B and that the c</li> <li>or partner) I am an officer (</li> <li>a of space B.</li> <li>ne statement of account and and correct to the best of m</li> </ul>	owner is n (if a corpo I 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.	wner of the cable system
				/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	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
QUEL COMMUNICATIONS LLC	061993
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?	
ΧΝΟ	
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	
(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	
ID number	

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