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	FNT	OF ACCOUNT	FOR COPYRIC	<ul> <li>Return completed workbook by email to</li> </ul>					
-		ansmissions by	DATE RECEIVED	AMOUNT	-				
		Short Form)			<u>coplicsoa@copyright.gov</u>				
				\$	For additional information, contact the U.S. Copyright				
General instru			03/01/2022		Office Licensing Division at				
in the first tab	of this	s workbook.		ALLOCATION NUMBER	(202) 707-8150.				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
			7						
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			-						
		20242	Barcode Data Filing Period (optional	- see instructions)					
		20212	2						
Accounting Period									
		Instructions:							
В				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.							
		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 t	fee payment covering the entire accour	nting period.	062801				
		Check here if this is the system's first filir	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	002001				
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1					
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	τ)					
		SUDDENLINK COMMUNICATIONS		• /					
		MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM						
		3027 S SE LOOP 323							
		(Number, street, rural route, apartment, or suite number)							
		TYLER, TX 75701 (City, town, state, zip)							
С				entify the business and operation of the he system, if different from the address					
System	name	IDENTIFICATION OF CABLE SYSTEM:	e 2, give the maining address of the	në system, il dinërënt nom the address	given in space b				
Gystem	1	HOUTZDALE STATE CORI	RECTIONAL INSTITUTION						
		MAILING ADDRESS OF CABLE SYSTEM							
	2								
	2	(Number, street, rural route, apartment, or suite r	number)						
1		(City, town, state, zip code)							
l									

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM 0628
	Instructions: List each separate community served by the cable system. A "con	
D	"a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including singl ou list will serve as a form of system identification hereafter know Igs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	HOUTZDALE	PA
Community	(HOUTZDALE SCI)	
dd Rows as Necessary		

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY	STEM I	
	CEQUEL COMMUNICA			0628						
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES					
E	In General: The information in s			-		•				
<u> </u>	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									
Secondary Transmission							nose exist	ing on the		
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> 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							charged		
	separately for the particular serv					•	,	na and the		
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	• •					5 within a			
	Block 1: In the left-hand block					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 of									
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	tiers of services	s that in	clude one or m	ore secon	dary transmissic	ons), list th	em, together		
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descripti	on of the s	service is		
	sufficient.				1			( )		
	BLU	OCK 1 NO. OF					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SER	VICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		0	-						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		606	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra		,		•	,				
I	not covered in space E, that is, t									
Services	service for a single fee. There a furnished at cost or (2) services	•			0		0.0			
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the					Ū		0		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Rates	-	• •			-	• •				
Rates		listed in block 1 and for which a separate charge was made or established. List these other set brief (two- or three-word) description and include the rate for each.								
Rates					isnea. List	these other serv				
Rates		ption and inclue	de the ra		isnea. List		1			
Rates	brief (two- or three-word) descri	ption and inclue BLO	de the ra CK 1	ate for each.				BLOCK 2		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	de the ra CK 1 CATEG	ate for each. GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVIC	E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	de the ra CK 1 CATEC Installa	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclue BLO	de the ra CK 1 CATEC Installa • Mot	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and inclue BLO	de the ra CK 1 CATEC Installa • Mot • Cor	ate for each. GORY OF SER ation: Non-res tel, hotel nmercial	VICE		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. CORY OF SER ation: Non-res tel, hotel nmercial / cable	VICE idential		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	VICE idential		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and inclue BLO	de the ra CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire	GORY OF SER ation: Non-res tel, hotel mmercial cable cable-add'l cl protection	VICE idential		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Firre • Bur	GORY OF SER ation: Non-res tel, hotel mmercial ( cable ( cable-add'l ch protection glar protection	VICE idential		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	GORY OF SER ation: Non-res tel, hotel mmercial ( cable ( cable-add'l ch protection glar protection services:	VICE idential		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclue BLO	de the ra CK 1 CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial ( cable ( cable-add'l cf protection glar protection services: connect	VICE idential		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	de the ra CK 1 CATEC Installa • Mol • Cor • Pay • Pay • Fire • Bur • Bur • Bur • Cother s • Rec • Dis	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial ( cable ( cable-add'l ch protection glar protection glar protection services: connect connect	VICE idential		CATEGO		E RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclue BLO	de the ra CK 1 CATEC Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis • Out	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial ( cable ( cable-add'l cf protection glar protection services: connect	VICE idential		CATEGO		E RAT	

nting Period: 2								
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#				
Nume	CEQUEL COMMUNIC	ATIONS LLC		062802				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Insmitters: 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 Stations</b>	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:	t (1) stations carried only on a part-t ne carriage of certain network progra a1(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a				
	• Do <i>not</i> list the station her station was carried <i>only</i> or	e in space G—but do list it in space I (th						
	basis. For further information <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruction program services such as HBO, ESF e-air designation. For example, repo	ions. PN, etc. Identify each ort multistream				
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to	RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	endent), "I-M" onal multicast).				
	<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	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WATM-1	23	N	ALTOONA, PA				
	WATM-1 WJAC-1	23 6	N	ALTOONA, PA JOHNSTOWN, PA				
vs as Necessary								
s as Necessary	WJAC-1	6		JOHNSTOWN, PA				
as Necessary	WJAC-1 WKBS-1	6 47		JOHNSTOWN, PA ALTOONA, PA				
s Necessary	WJAC-1 WKBS-1 WPCW-1	6 47 19	N   	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA				
as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1	6 47 19 3	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
is as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA				
vs as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
vs as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ws as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
)ws as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				
ows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N         	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA				

CEQUEL CO	F OWNER OF (							SYSTEM 062
	t every radio s	station ca	arried on a separate and discre enerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to prmation abou rm. Jentify the call tate whether t the radio stati this by placing	y the sys be rece t the Co sign of the static ion's sig g a chec	II-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which th	t the system's he system's FM anten his point, see page his point, see page by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can certain si eneral ir eparate	be expected, ated intervals. astructions in the. and discrete	Primary Transmitter Radio
Mexican or Can	adian stations		the community with which the	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062801
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	G			
1	In General: In space I, ident	-	-			tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	he general ins	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogram zog	-				"X"	<b>⊣</b>		
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Lice abbreviations	wherever n	ossible ift	ooir moonin	a is
	clear. If you need more spa							y 13
				ision program ("substitute	e program") tl	nat, during	the account	ting
	period, was broadcast by a							
	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."			
	Column 3: Give the call	sign of the	station broadc	asting the substitute progr	am.			
				he community to which the			the FCC or,	in
	the case of Mexican or Car			community with which the stem carried the substitute			c with the r	month
	first. Example: for May 7 give	•	when your sys		program. Us			nonun
			e substitute pro	ogram was carried by your	r cable syste	m. List the	times 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."	or "D" if the	listed program	n was substituted for progr	romanain a that			vivo d
	to delete under FCC rules a							
	was substituted for program							- <u>-</u>
	effect on October 19, 1976.					-		
	9					N SUBST		7 REASON FOR
		1	E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC	URRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Naille	CEQUEL COMMUNICATIONS LLC		062801
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	¢ 4,118.47
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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.	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.	nis six-month	
	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		
	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 \$ 154,118.47		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K \$	54,118.47	
	5. Enter the amount from line 3	09,681.53	
	6. Subtract line 5 from line 4	44,436.94	
	7. Multiply line 6 by .005 (enter figure here)	\$	222.18
	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	\$	222.18
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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)	222.18	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	242.18
	EFT Trace # or TRANSACTION ID #		
	<b>Important:</b> 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		VNER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 062801
M Channels	to its subscribers, 1. Enter the total n system carried te	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 st services		st stations	45
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		DRMATION 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)		ite number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigned	I, hereby certify that (Check	one, <i>but or</i>	rtified and signed in accordance with Copyright Office regulations) <i>nly one</i> , of the boxes.) <b>ip)</b> I am the owner of the cable system as identified in line 1 of space	
	in lin X (Officer in lin • I have examined t	e 1 of space B and that the of o <b>r partner)</b> I am an officer ( e 1 of space B. he statement of account and and correct to the best of m	owner is n (if a corpo I hereby d	partnership) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as o leclare under penalty of law that all statements of fact contained here ige, 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	

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
EQUEL COMMUNICATIONS LLC	06280 <sup>2</sup>
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	
<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 Accounting period	

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