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 COPYRIG | Return completed workbook by email to | | | | | |
|--------------------------------|-------|---|--|---|---|--|--|--|--|
| - | | ansmissions by | DATE RECEIVED | AMOUNT | | | | | |
| Cable Syste | | | | \$ | For additional information, contact the U.S. Copyright | | | | |
| General instruin the first tab | | | 03/01/2022 | ALLOCATION NUMBER | Contact the U.S. Copyright Office Licensing Division at (202) 707-8150. | | | | |
| | | | | | | | | | |
| Α | ACCO | DUNTING PERIOD COVERED | 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 | | | | | | | | | |
| В | | Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent of the subsidiary. | | idiary of another corporation, give the full corp | oorate 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 fee payment covering the entire accounting period. | | | | | | | |
| | | Check here if this is the system's first filir | ng. If not, enter the system's ID number | assigned by the Licensing Division. | 062825 | | | | |
| | | LEGAL NAME OF OWNER/MAILIN | IG ADDRESS OF CABLE SYSTEM | | | | | | |
| | | CEQUEL COMMUNICATIONS LLC | | | | | | | |
| | | BUSINESS NAME(S) OF OWNER O | F CABLE SYSTEM (IF DIFFERENT | Г) | | | | | |
| | | SUDDENLINK COMMUNICATIONS | | | | | | | |
| | | MAILING ADDRESS OF OWNER O | F CABLE SYSTEM | | | | | | |
| | | 3027 S SE LOOP 323 | | | | | | | |
| | | (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (Citly, town, state, zip) | | | | | | | |
| С | | | | ntify the business and operation of the system, if different from the address | | | | | |
| System | names | IDENTIFICATION OF CABLE SYSTEM: | 2, give the maining address of the | le system, il unerent nom the autress | | | | | |
| oyotom | 1 | FRACKVILLE STATE COR | RECTIONAL INSTITUTION | V | | | | | |
| | | MAILING ADDRESS OF CABLE SYSTEM | | - | | | | | |
| | 2 | (Number, street, rural route, apartment, or suite i | umber) | | | | | | |
| | | (City, town, state, zip code) | | | | | | | |
| | | | | | | | | | |

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: | SYSTEM | | | | | | | |
|----------------------|--|-------------|--|--|--|--|--|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | 062 | | | | | | | |
| D | Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 know 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. | | | | | | | | |
| First | CITY OR TOWN | STATE PA | | | | | | | |
| Community | (FRACKVILLE SCI) | | | | | | | | |
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| dd Rows as Necessary | | | | | | | | | |
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| Name | LEGAL NAME OF OWNER OF C | | | | | | | | | | | |
| | CEQUEL COMMUNICA | | | Ĺ |)6282 | | | | | | | |
| - | SECONDARY TRANSMISSION | I SERVICE: SI | JBSCRI | BERS AND R | ATES | | | | | | | |
| E | In General: The information in s | | | | | | | | | | | |
| Secondary | 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 | | | | | | | | | | | |
| Transmission | | | | | | | | | | | | |
| 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 secondary transmission service. In general, you can compute the number of subscribers in | | | | | | | | | | |
| Rates | each category by counting the n separately for the particular serv | • | | 0 , (| | | | charged | | | | |
| | Rate: Give the standard rate of | | | | | • | , | ge and the | | | | |
| | unit in which it is generally billed | - | - | • | | | | - | e | | | |
| | category, but do not include disc | | | | | | | | | | | |
| | Block 1: In the left-hand block | | | - | | • | | | | | | |
| | systems most commonly provide that applies to your system. Not | | | | | | | 0. | у | | | |
| | categories, that person or entity | | | - | | - | | | al | | | |
| | subscriber who pays extra for ca | | | | | d in the count un | der "Servi | ce to the | | | | |
| | first set" and would be counted of | 0 | | | · · · | anning that are | differenti | ina na tha a a a | | | | |
| | Block 2: If your cable system printed in block 1 (for example, the system system) | - | | • | | | | | r | | | |
| | with the number of subscribers | | | | | | ,. | | | | | |
| | sufficient. | | - | | | | | | | | | |
| | BLO | OCK 1 NO. OF | | | | | BLOCK | | - | | | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CATI | EGORY OF SER | VICE | NO. O SUBSCRIE | | RATI | | |
| | Residential: | | | | | | - | | | | | |
| | Service to first set | | 0 | - | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | |
| | Commercial | | 297 | 42.41 | | | | | | | | |
| | Converter | | | | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | | | s | | | | | | | |
| - | In General: Space F calls for ra | | | | | ll your cable sys | tem's serv | ices that we | re | | | |
| F | not covered in space E, that is, | | | | | | | | | | | |
| Comisso | service for a single fee. There a | • | | | • | | • • | , | | | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the up | | | | | | | | | | | |
| e anor rinan | enter only the letters "PP" in the | | accury | billou. It ally t | | larged on a valie | bio por p | rogram buok | , | | | |
| Secondary | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. | | | | | | | | | | | |
| ransmissions: | | Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a | | | | | | | | | | |
| • | Block 2: List any services that | | | | • | • • | | e ionn or a | | | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a | separate charg | | nade or establ | • | • • | ices in th | | | | | |
| ransmissions: | Block 2: List any services that | separate charg | de the ra | nade or establ | • | • • | | PL OC | 2 | | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri | separate charg ption and includ BLO | de the ra | nade or establ ate for each. | ished. List | these other serv | | | | RATE | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE | separate charg ption and includ BLO | de the ra CK 1 CATEG | nade or establ | ished. List | • • | | BLOC DRY OF SEI | | RATE | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa | nade or establ ate for each. GORY OF SER | ished. List | these other serv | | | | RATE | | |
| ransmissions: | 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: | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot | nade or establ ate for each. GORY OF SER ation: Non-res | ished. List | these other serv | | | | RATE | | |
| ransmissions: | 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 | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot • Cor | nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel | ished. List | these other serv | | | | RATE | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot • Cor • Pay | nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial | VICE | these other serv | | | | RATE | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot • Cor • Pay | nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial (cable | VICE | these other serv | | | | RATE | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire | nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial (cable (cable-add'l ch | VICE vice | these other serv | | | | RATI | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur | made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection | VICE vice | these other serv | | | | RATE | | |
| ransmissions: | 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 | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s | nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial cable cable cable-add'l ch protection glar protection | VICE vice | these other serv | | | | RATE | | |
| ransmissions: | 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'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec | ate or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch e protection glar protection services: | VICE vice | these other serv | | | | RATE | | |
| ransmissions: | Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | separate charg ption and includ BLO | de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Diss | ande or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch protection glar protection services: connect | VICE vice | these other serv | | | | RATI | | |

| ounting Period: | 2021/2 | | | FORM SA1-2E. PAGE 3. | | | |
|--|---|---|--|------------------------|--|--|--|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# | | | |
| Name | CEQUEL COMMUNIC | ATIONS LLC | | 062825 | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | |
| G Primary ransmitters: Television | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | |
| | Do not list the station here station was carried only on List the station here, and a basis. For further informatio | llso in space I, if the station was carrie n concerning substitute basis stations | d both on a substitute basis and also , see page (v) of the general instruction | on some other ons. | | | |
| | multicast stream associated "WETA-2" as the same on t | 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. I number the FCC assigned to the tele | e-air designation. For example, repor | t multistream | | | |
| | Column 3: Indicate in each educational station, by ente (for independent multicast), | RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr | (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio | ndent), "I-M" | | | |
| | Column 4: Give the location | n of each station. For U.S. stations, lis dian stations, if any, give the name of t | t the community to which the station is | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | |
| | WBRE-1 | 28 | Ν | WILKES BARRE, PA | | | |
| | WNEP-1 | 16 | Ν | SCRANTON, PA | | | |
| Rows as Necessary | WOLF-1 | 56 | | HAZLETON, PA | | | |
| | WSWB-1 | 38 | IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | SCRANTON, PA | | | |
| | WVIA-1 | 44 | E | SCRANTON, PA | | | |
| | WYOU-1 | 22 | Ν | SCRANTON, PA | | | |
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| EGAL NAME OI | | | | | | | | SYSTEM 0628 |
|--|---|---|---|---|--|-------------------------------------|---|---------------------------------|
| | 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 Column 1: lo Column 2: S Column 3: lf | it is carried by monitoring, to prmation about m. 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 | at the system's h system's FM an this point, see pa | eadend, and (tenna, during o age (v) of the g | 2) it can certain s eneral ii | be expected, tated intervals. nstructions in the. | Primary Transmitter Radio |
| Column 4: G | ive the statior | n's locati | k mark in the "S/D" column. ion (the community to which the 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 | |
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| Accounting Perio | a: 2021/2 | | | | | | FOR | M SA1-2E. PAGE 5. |
|----------------------|---|----------------------|---------------------------|-----------------------------|-------------------|-----------------|--------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | | 062825 |
| | SUBSTITUTE CARRIAGE | E: SPECIA | AL STATEME | NT AND PROGRAM LO | G | | | |
| | In General: In space I, ident | | | | | | | |
| | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | he general ins | structions in | the paper s | SA1-2 form. |
| Carriage: Special | 1. SPECIAL STATEMEN | - | | | | | | |
| Statement and | During the accounting per | | ur cable systen | n carry, on a substitute ba | sis, any nonr | network tel | evision prog | |
| Program Log | broadcast by a distant sta | tion? | | | | L | 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 comp | lete the pro | gram |
| | log in block 2. | , | · | 5 , | , , | • | | 0 |
| | 2. LOG OF SUBSTITUTE | E PROGRA | MS | | | | | |
| | In General: List each subst | | | ate line. Use abbreviations | s wherever po | ossible, if t | heir meanir | ng is |
| | clear. If you need more spa | | | | | | | |
| | | | | vision program ("substitute | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | | | | | | |
| | "NBA Basketball: 76ers vs. | | | 1 1 5 | , | 1 / | , | |
| | | | | er "Yes." Otherwise enter " | | | | |
| | | | | asting the substitute progr | | | | : |
| | the case of Mexican or Car | | | he community to which the | | | ine FCC or | , IN |
| | | | | stem carried the substitute | | , | s, with the | month |
| | first. Example: for May 7 giv | | , , | | 10 | | , | |
| | | | | ogram was carried by you | | | | |
| | 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 "R" if the | listed program | n was substituted for prog | ramming that | vour svete | m was rea | uired |
| | to delete under FCC rules a | | | | | | | |
| | was substituted for program | | | | | | | Ū. |
| | effect on October 19, 1976. | | | | | | | |
| | | - | | | | | | |
| | | • | | | | | | |
| | | | E PROGRAM | | | N SUBST | | 7. REASON FOR |
| | | UBSTITUT 2. LIVE? | E PROGRAM 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | 7. REASON FOR DELETION |
| | SI | UBSTITUT | | 4. STATION'S LOCATION | CARRI | AGE OCC 6. 1 | URRED | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |
| | SI | UBSTITUT 2. LIVE? | 3. STATION'S | | CARRI 5. MONTH | AGE OCC 6. 1 | | |

| Accounting Period: | 2021/2 | FORM SA1-2E. PAGE 6. |
|------------------------------------|--|---------------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | CEQUEL COMMUNICATIONS LLC | 062825 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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. | ssion service mount, se |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, <i>or</i> 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 \$26 • 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. | 63,800 |
| | 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 this accounting period is \$52.00. | 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 | · · · · · · · · · · · · · · · · · · · |
| | 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 | |
| | 2. Enter amount of gross receipts from space R 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 \$527,60 | 0) |
| | 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) \$ | |
| | 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 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 | LEGAL NAME OF OW | NER OF CABLE SYSTEM: JNICATIONS LLC | | | SYSTEM ID# 062825 |
| M Channels | to its subscribers, a 1. Enter the total nu | and (2) the cable system's umber of channels on whic | total numl h the cabl | is on which the cable system carried television broadcast stations per of activated channels during the accounting period. le | 6 |
| | on which the cable | umber of activated channel e system carried television t services | broadcas | st stations | 45 |
| N Individual to Be Contacted | | E CONTACTED IF FURTH out this statement of accou | | RMATION IS NEEDED (Identify an individual | |
| for Further Information | Name F | RODNEY HASKINS | | Telephone | 9 (903) 579-3152 |
| | ۵) T | BO27 S SE LOOP 32: Number, street, rural route, apart FYLER, TX 75701 City, town, state, zip) | | te number) | |
| | Email | RODNEY.HAS | KINS@A | LTICEUSA.COM Fax (optional) | |
| O Certification | • I, the undersigned, | hereby certify that (Check | one, <i>but or</i> | | |
| | (Agent of | f owner other than corpor | ation or p | ip) I am the owner of the cable system as identified in line 1 of space | |
| | X (Officer of in line | or partner) I am an officer (e 1 of space B. | (if a corpo | ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as c eclare under penalty of law that all statements of fact contained here | |
| | | and correct to the best of m | | 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 |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| QUEL COMMUNICATIONS LLC | 06282 |
| 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 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 Assessmen |
| 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 | |
| * 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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