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

STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook.	03/01/2022	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20212 Barcode Data Filing Period (optional - see instructions)	
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
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 filing. If not, enter the system's ID number assigned by the Licensing Division.	062995
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM: WILLIAM S KEY CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	CEQUEL COMMUNICATIONS LLC	062995
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks should be reported in parentheses below the
First	CITY OR TOWN FORT SUPPLY	STATE OK
Community	(WILLIAM S KEY CORR)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							
	CEQUEL COMMUNICAT	IONS LLC							06299
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
- .	system, that is, the retransmission								
Secondary Transmission	about other services (including p						iose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standar	ru rate variations	within a p		
	Block 1: In the left-hand block				ries of seco	ondary transmiss	ion servic	e that cable	
	systems most commonly provide	e to their subscr	ibers. G	Give the numbe	er of subsc	ribers and rate for	or each list	ted category	
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					i in the count und	ier "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-h	and block. A tv	vo- or three	e-word description	on of the se	ervice is	
	sufficient.	JCK 1		[BLOCK	· •	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		11	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat								
•	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			0		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,		5		5 ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				SHEU. LISU			IOTTI OF A	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mot	tel, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection		• Pav	cable					
	•Burglar protection			/ cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	-		glar protection					
	Additional set(s)	-		services:					
	• FM radio (if separate rate)			connect		_			
	Converter			connect					
				let relocation					
			Jui			_	L		
			• Mov	ve to new addr	200	_			

ounting Period:	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 062995
	CEQUEL COMMUNICA			002330
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, as Substitute Basis Stations: 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 Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrier n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- lictions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other stions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-1	43	I.	OKLAHOMA CITY, OK
	KETA-1	13	E	OKLAHOMA CITY, OK
Rows as Necessary	KFOR-1	4	Ν	OKLAHMA CITY, OK
	KOCB-1	34	I	OKLAHOMA CITY, OK
	KOCO-1	5	Ν	OKLAHOMA CITY, OK
	KOKH-1	25	I	OKLAHOMA CITY, OK
	KOPX-1	62	I	OKLAHOMA CITY, OK
	KSBI-1	52		OKLAHOMA CITY, OK
	KTUZ-1	30		SHAWNEE, OK
	KUOK-1	35		WOODWARD, OK
	KWTV-1	9	N	OKLAHOMA CITY, OK
		3		

LEGAL NAME O								SYSTEM 0629
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio state this by placin Sive the statio	y the sy be rece ut the Co I sign of the stati tion's sig g a cheo n's locat	All-Band FM Carriage: Under restem whenever it is received eived at the headend, with the opyright Office regulations on reach station carried. ion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the community with which th	at the system's h e system's FM ar this point, see p ssed by the cable the station is lice	headend, and htenna, during age (v) of the e system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					062995
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion. that vou	ır cable svste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm				e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion program	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the prograr	n
	log in block 2.			·	-			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	
	clear. If you need more space Column 1: Give the title				program") that	t during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, rec							۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "basket	ball." List specific prograi	n titles, for exa	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.			
	Column 4: Give the broat the case of Mexican or Can						e FCC or, in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	o by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	noula be	
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system was	s permitted to delete unde	er FCC rules a	nd regulatio	ons in	
								1
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
			+		-		<u>—</u>	
			_					
							_	
			_		-			
			+					
			+		-			
			+		-		<u> </u>	
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name		SI	(STEM ID#
	CEQUEL COMMUNICATIONS LLC		062995
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	.,895.00 ss receipts)
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 \$2 • 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 t accounting period is \$52.00.	this six-mon	
	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 \$137,1	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	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 Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Name C N Channels Channels Channels 1. 2. N Individual to Be Contacted for Further Information	CHANNELS Instructions: Ye o its subscribers 1. Enter the total system carried 2. Enter the total on which the ca and nonbroadc NDIVIDUAL TO	s, and (2) the cable system's I number of channels on which television broadcast stations I number of activated channel able system carried television able system carried television able system carried television BE CONTACTED IF FURT about this statement of account RODNEY HASKINS 3027 S SE LOOP 323 (Number, street, rural route, apar	total number of activated chan h the cable s broadcast stations HER INFORMATION IS NEED nt.)	DED (Identify an individual	SYSTEM ID# 062995 tions 11 15 15
M In Channels 1. Channels 1. Individual to 2. Be Contacted for Further Information 1.	nstructions: Yo to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca and nonbroadc NDIVIDUAL TO we can contact a Name	s, and (2) the cable system's I number of channels on which television broadcast stations I number of activated channel able system carried television able system carried television able system carried television BE CONTACTED IF FURT about this statement of account RODNEY HASKINS 3027 S SE LOOP 323 (Number, street, rural route, apar	total number of activated chan h the cable s broadcast stations HER INFORMATION IS NEED nt.)	DED (Identify an individual	11 15
Individual to Be Contacted for Further Information	we can contact a Name	RODNEY HASKINS 3027 S SE LOOP 32: (Number, street, rural route, apar	nt.)		hone (903) 579-3152
Information /		3027 S SE LOOP 32: (Number, street, rural route, apar	3	Telep	hone (903) 579-3152
	Address	(Number, street, rural route, apar	5		
			ment, or suite number)		
		City, town, state, zip)			
	Email	RODNEY.HAS	KINS@ALTICEUSA.COM	Fax (optional)	
0	I, the undersigne (Owner (Agent in I X (Office	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpora line 1 of space B and that the o	ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of t tion or partnership) I am the o wner is not a corporation or par	the cable system as identified in line 1 of sp duly authorized agent of the owner of the ca	bace B; or able system as identified
a		e, and correct to the best of my		f law that all statements of fact contained h elief, and are made in good faith.	erein
			X /s/ Alan Danne Enter an electronic signature o Enter signature using an "/s/ sig	in the line above to certify this statement.	
		Typed or printer			
		Title: (Title of	SVP, PROGRAMMING		
		Date:		2/1/2022	

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unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06299
 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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? NO 	P Special Statement Concerning Gross Receipts Exclusior
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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