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	 Return completed workbook by email to 						
-		ransmissions by	DATE RECEIVED	AMOUNT	-					
		Short Form)			<u>coplicsoa@copyright.gov</u>					
			03/01/2022	\$	For additional information, contact the U.S. Copyright					
General instru					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						
			_							
		20212 Barcode Data Filing Period (optional - see instructions)								
6		20212								
Accounting Period										
		Instructions:								
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent of	mer of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title 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. 063348								
		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.	003340					
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM							
		CEQUEL COMMUNICATIONS LLC								
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)						
		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)								
<u> </u>	INST		ness or trade names used to ide	entify the business and operation of the	system unless these					
С	name		e 2, give the mailing address of the	he system, if different from the address	given in space B					
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		HOWARD MCLEOD CORR MAILING ADDRESS OF CABLE SYSTEM								
	_		 							
	2	(Number, street, rural route, apartment, or suite r	number)							
		(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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063348						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First Community	ATOKA (HOWARD MCLEOD CORR)	OK						
Add Rows as Necessary								

										E. PAGE							
Name	LEGAL NAME OF OWNER OF C		e e	-													
	CEQUEL COMMUNICA			U	6334												
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES																
E	In General: The information in s			-		•											
. .	system, that is, the retransmissi																
Secondary Transmission	about other services (including partices						nose exisi	ing on the									
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	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in																
Rates	each category by counting the n			0,0				charged									
	separately for the particular service					•	,	1.4									
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-									
	category, but do not include disc	• •	,		ny standa		s within a	particular rate									
	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					i in the count un	der Servi	ce to the									
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those																
	Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together																
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	vo- or thre	e-word descripti	on of the	service is									
	sufficient.	0.014.4					DI 00										
	BLO				BLOCK	NO. OF											
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SER	VICE	SUBSCRIBE	RS	RATE							
	Residential:																
	Service to first set		0	-													
	 Service to additional set(s) 																
	• FM radio (if separate rate)																
	Motel, hotel																
	Commercial		4	42.41													
	Converter																
	Residential																
	Non-residential																
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S												
F	In General: Space F calls for ra		,		•												
•	not covered in space E, that is, t																
Services	service for a single fee. There a furnished at cost or (2) services	•			•		0.										
Other Than	amount of the charge and the u																
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0									
•	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														
ransmissions: Rates	Block 2: List any services that	t your cable sy		nished or offer	ed during	the accounting p		a form of a	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.								
	Block 2: List any services tha listed in block 1 and for which a	t your cable sy separate char	ge was r	nished or offer nade or establi	ed during	the accounting p		e form of a									
	Block 2: List any services tha listed in block 1 and for which a	t your cable sy separate charg ption and includ	ge was r de the ra	nished or offer nade or establi	ed during	the accounting p											
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1	nished or offer nade or establi ate for each.	ed during shed. List	the accounting p these other serv	vices in the	BLOCK		DAT							
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable sy separate charg ption and includ	ge was r de the ra CK 1 CATEG	nished or offer nade or establi ate for each.	ed during shed. List /ICE	the accounting p	vices in the			RATE							
	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:	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res	ed during shed. List /ICE	the accounting p these other serv	vices in the	BLOCK		RATE							
	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	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel	ed during shed. List /ICE	the accounting p these other serv	vices in the	BLOCK		RATE							
	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	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel nmercial	ed during shed. List /ICE	the accounting p these other serv	vices in the	BLOCK		RATE							
	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 • Fire protection	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel nmercial v cable	ed during shed. List /ICE idential	the accounting p these other serv	vices in the	BLOCK		RATE							
	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	t your cable sy separate charg ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel nmercial v cable v cable-add'l ch	ed during shed. List /ICE idential	the accounting p these other serv	vices in the	BLOCK		RATE							
	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 • Fire protection • Burglar protection Installation: Residential	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	nished or offer made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial v cable v cable-add'l ch e protection	ed during shed. List /ICE idential	the accounting p these other serv	vices in the	BLOCK		RATE							
	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 • Fire protection • Burglar protection Installation: Residential • First set	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	nished or offer made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch e protection glar protection	ed during shed. List /ICE idential	the accounting p these other serv	vices in the	BLOCK		RATE							
	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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch e protection glar protection services:	ed during shed. List /ICE idential	the accounting p these other serv	vices in the	BLOCK		RATE							
	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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel nmercial (cable (cable-add'l ch e protection glar protection services: connect	ed during shed. List /ICE idential	the accounting p these other serv	vices in the	BLOCK		RATE							
	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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec • Diss	nished or offer nade or establi ate for each. CORY OF SER ation: Non-res tel, hotel nmercial (cable (cable-add'l ch protection glar protection glar protection services: connect connect	ed during shed. List /ICE idential	the accounting p these other serv	vices in the	BLOCK		RATE							
	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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel nmercial (cable (cable-add'l ch e protection glar protection services: connect	ed during shed. List /ICE idential	the accounting p these other serv	vices in the	BLOCK		RATE							

0	2021/2			FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CEQUEL COMMUNICATIONS LLC									
	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 basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community 									
		RC is channel 4 in Washington, D.C. n case whether the station is a network	station, an independent station, or	a noncommercial						
		ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c								
	For the meaning of these te	erms, see page (iv) of the general instru	ictions in the paper SA1-2 form.							
	Column 4: 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						
	KTEN-1	10	Ν	ADA, OK						
	KTEN-2	10.2	I-M	ADA, OK						
ecessary	KTEN-3	10.3	N-M	ADA, OK						
ws as Necessary										
	KXII-1	12	Ν	SHERMAN, TX						
	KXII-1 KXII-2	12 12.2	N I-M	SHERMAN, TX SHERMAN, TX						

CEQUEL CO	OWNER OF C							SYSTEM II 0633
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eccivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate f	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be rece t the Co sign of he static ion's sig g a chec	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 k mark in the "S/D" column. ion (the community to which th	at the system's he system's FM ant this point, see pa this point, see pa sed by the cable	eadend, and (i enna, during o ge (v) of the g system as a s	2) it can certain s eneral ir eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	ATIONS L	LC					063348		
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
	In General: In space I, ident	-	-			tion. that vo	our cable sv	stem carried on a		
	substitute basis during the a	iccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorizatio	ons. For a further		
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of tl	ne general ins	structions in	n the paper S	SA1-2 form.		
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	gr <u>am</u>		
Program Log	broadcast by a distant sta	tion?					YES	× NO		
	Note: If your answer is "No	" leave the	rest of this na	ge blank. If your answer is	: "Ves " vou r	nust comn	-			
	-		rescortins pa	ge blank. If your answer is	s res, your	nusi comp	iele lile più	gram		
	log in block 2. 2. LOG OF SUBSTITUTE		MS							
	In General: List each subst			ate line. Use abbreviations	wherever p	ossible, if t	heir meanir	ng is		
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-		
				vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
	"NBA Basketball: 76ers vs.	Bulls."				• •	,			
				er "Yes." Otherwise enter						
				asting the substitute progr he community to which th		ensed hv	the ECC or	in		
	the case of Mexican or Car							,		
				stem carried the substitute			ls, with the	month		
	first. Example: for May 7 giv					1:-44	4:			
	to the nearest five minutes.			ogram was carried by you						
	stated as "6:00–6:30 p.m."		a program oan		. 10 p.m. to c	.20.00 p.m				
				n was substituted for prog						
	to delete under FCC rules a							rogram		
	was substituted for program effect on October 19, 1976.		your system w	as permitted to delete und	er FCC rules	and regul	ations in			
		•								
					1			T		
						N SUBST				
	SI		E PROGRAM		CARRI	AGE OCC	URRED	7. REASON FOR DELETION		
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN			AGE OCC		7. REASON FOR DELETION		
		2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC				

Accounting Period:	2021/2 FORM SA1-2	E. PAGE 6.
Name		TEM ID#
Hame	CEQUEL COMMUNICATIONS LLC	063348
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.	16.00 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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. 	
	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	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 \$137,100)	
	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 \$ 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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
	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 #	
	Important: 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.	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC M CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable	SYSTEM ID# 063348 5
M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. Channels 1. Enter the total number of channels on which the cable	5
2. Enter the total number of activated channels	
and nonbroadcast services	9
N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Individual to Be Contacted	
for Further Information Name RODNEY HASKINS Telephone (903) 579-3152	2
Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING Cittle of official position 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.

AL NAME OF OWNER OF CABLE SYSTEM: QUEL COMMUNICATIONS LLC	SYSTEM ID
QUEL COMMUNICATIONS LLC	
	06334
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 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. Line 1 Enter the amount of late payment or underpayment	Q 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	
(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 First community served	
Accounting period	

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