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	GHT OFFICE USE ONLY	 Return completed workbook by email to
-		ransmissions by	DATE RECEIVED	AMOUNT	-
		Short Form)			<u>coplicsoa@copyright.gov</u>
				\$	For additional information, contact the U.S. Copyright
General instru	uction	s are located	03/01/2022		Office Licensing Division at
in the first tab	o of thi	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)	
Accounting					
Period					
		Instructions:			
В		Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	orate title
Owner		List any other name or names under whi	ch the owner conducts the business of	the cable system.	
		If there were different owners during the	e accounting period, only the owner on	the last day of the accounting period should su	ıbmit a
		single statement of account and royalty			
		Check here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	063350
		Т			
		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	Т)	
		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	inition /		
		(City, town, state, zip)			
С				entify the business and operation of the he system, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:			
	1	JIM HAMILTON CORRECT	IONAL FACILITY		
		MAILING ADDRESS OF CABLE SYSTEM	Л:		
	2	(Number, street, rural route, apartment, or suite	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# 063350
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v as the "first community." Please use it as the first community on all future filings.	nmunities 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 ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	HODGEN (JIM HAMILTON CORR)	OK
Add Rows as Necessary		

								FOI	RM SA1-2	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:							
	CEQUEL COMMUNICA	TIONS LLC							Ľ)6335
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND R	ATES					
E	In General: The information in s					ry transmission s	ervice of	the cable		
	system, that is, the retransmissi									
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						hose exis	ting on the		
Service: Sub-	Number of Subscribers: Bot	·				,	ole svstem	n. broken		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n			U I I I				s charged		
	separately for the particular serv					•	,			
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	•	
	category, but do not include disc	• •					s wiu iir a	particulai fat	e	
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	1	
	systems most commonly provide								ý	
	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	from those		
	printed in block 1 (for example, t					,		, 0	r	
	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	service is		
	sufficient.	OCK 1					BLOCK	()		
		NO. OF					BLOOP	NO. 0	F	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SER	VICE	SUBSCRIE	BERS	RAT
	Residential:									
	 Service to first set 		0	-						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		8	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC In General: Space F calls for ra				-	ll vour cable sve	tom's son	vices that we	ro	
F	not covered in space E, that is, t		,		•	, ,				
	service for a single fee. There a									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are cl	narged on a varia	able per-p	rogram basis	6,	
Secondary	enter only the letters "PP" in the		he cabl	e system for e	och of the		es listed			
•	Block 1: Give the standard ra					applicable servic		t were not		
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha		stem fur	•			period that			
ransmissions:		t your cable sy		nished or offer	ed during	the accounting p				
ransmissions:	Block 2: List any services that	t your cable sy separate char	ge was r	nished or offer nade or establ	ed during	the accounting p				
ransmissions:	Block 2: List any services tha listed in block 1 and for which a	t your cable sy separate char	ge was r de the ra	nished or offer nade or establ	ed during	the accounting p			K 2	
ransmissions:	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 CK 1	nished or offer nade or establ	ed during ished. List	the accounting p	vices in the	e form of a		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:	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEC	nished or offer nade or establ ate for each.	ed during ished. List VICE	the accounting p these other serv	vices in the	e form of a BLOCI		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	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 establ ate for each. GORY OF SER ation: Non-res tel, hotel	ed during ished. List	the accounting p these other serv	vices in the	e form of a BLOCI		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:	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 establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial	ed during ished. List	the accounting p these other serv	vices in the	e form of a BLOCI		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	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 establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial v cable	ed during ished. List VICE idential	the accounting p these other serv	vices in the	e form of a BLOCI		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	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 establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial	ed during ished. List VICE idential	the accounting p these other serv	vices in the	e form of a BLOCI		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	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEC Installa • Mol • Cor • Pay • Pay • Fire	nished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial cable cable-add'l ch protection	ed during ished. List VICE idential	the accounting p these other serv	vices in the	e form of a BLOCI		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	t your cable sy separate charg ption and inclue BLO	ge was r de the ra CK 1 CATEC Installa • Mol • Cor • Pay • Pay • Fire	nished or offer nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial v cable v cable-add'l ch	ed during ished. List VICE idential	the accounting p these other serv	vices in the	e form of a BLOCI		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 • 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 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	nished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial cable cable-add'l ch protection	ed during ished. List VICE idential	the accounting p these other serv	vices in the	e form of a BLOCI		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 • 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 Other s	nished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch e protection glar protection	ed during ished. List VICE idential	the accounting p these other serv	vices in the	e form of a BLOCI		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 • 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 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	nished or offer nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch e protection glar protection services:	ed during ished. List VICE idential	the accounting p these other serv	vices in the	e form of a BLOCI		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 • 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 • Mol • Cor • Pay • Pay • Fire • Bur • Bur • Bur • Cother s • Rec • Dis	nished or offer nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial (cable (cable-add'l ch protection glar protection services: connect	ed during ished. List VICE idential	the accounting p these other serv	vices in the	e form of a BLOCI		RATE

ccounting Period: 2	2021/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID					
	CEQUEL COMMUNIC	ATIONS LLC		06335					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru	entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (t (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub	me basis under ms [sections ions carried on a stitute program					
	station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the	a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo	on some other ons. N, etc. Identify each rt multistream					
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	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 n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station	endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAFT-1	9	E	FAYETTEVILLE, AR					
	KFSM-1	5	Ν	FORT SMITH, AR					
dd Rows as Necessary	KFTA-1	24	I	FORT SMITH, AR					
	KHBS-1	40	N	FORT SMITH, AR					
	KNWA-1	51	Ν	ROGERS, AR					

all-band basis whose signals were generally receivable by your cable system during the accounting period.PrintSpecial Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,PrintTransrTransr	SYSTEM 063										LEGAL NAME O
 Transr Ra To detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is identified). 	н		d on an					arried on a separate a	tation ca	t every radio s	n General: Lis
	Primary ansmitter Radio	т	expected, ed intervals. uctions in the. d discrete	?) it can ertain st eneral in eparate a	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	t the system's he system's FM anten nis point, see page ed by the cable s e station is licen	eceived a with the s tions on th y process column. o which th	stem whenever it is re- ived at the headend, pyright Office regulat each station carried. on is AM or FM. nal was electronically k mark in the "S/D" co on (the community to	y the sys be recei t the Co sign of c he static ion's sign g a check h's locati	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G
CALL SIGN ANOTAM SID COATION OF STATION CALL SIGN ANOTAM SID LOCATION OF STATION ANOTAM SID COATION OF STATION CALL SIGN ANOTAM SID LOCATION OF STATION ANOTAM SID LOCATION OF STATION OF STATION ANOTAM SID LOCATION OF STATION OF STATION OF STATION A				C/D	-			-			
Image: sector of the sector		<u>N</u>	JCATION OF STATION	S/D	AM or FM	CALL SIGN	ATION	LOCATION OF ST	S/D	AM or FM	CALL SIGN
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Image: Section of the section of th											

	od: 2021/2						FORM	A SA1-2E. PAGE 5.
l	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063350
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
1	In General: In space I, ident	-	-			tion that you	ır 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 t	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network telev	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If your answer is	s "Yes " vou r	nust comple	. –	
	log in block 2.	, iouvo ino		ge blank. If your anower is	5 100, you i			jian
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.		depet live onto	er "Yes." Otherwise enter "	'No."			
				asting the substitute progr				
	Column 4: Give the broa	adcast stati	on's location (t	he community to which the	e station is lie		ne FCC or,	in
	the case of Mexican or Car							44-
	first. Example: for May 7 give	•	when your sys	stem carried the substitute	e program. Us	se numerais	, with the h	nonth
			e substitute pro	ogram was carried by your	r cable syste	m. List the ti	mes 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."	er "R" if the	listed program	n was substituted for progr	ramming that	vour syster	n was <i>requ</i>	ired
	to delete under FCC rules a							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulat	tions in	
	effect on October 19, 1976.							
					W/HE	N SUBSTIT		
	S	UBSTITUT				11 2002111	UIE	
			E PROGRAM		CARRI	AGE OCCL	JRRED	7. REASON FOR
1	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH		JRRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	/STEM ID# 063350
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 service amount, se	2,130.00
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.	is 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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)	
	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 \$527,6	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	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 OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063350
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting the total number of channels on which the cable system carried television broadcast stations . 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	1
for Further Information	Name RODNEY HASKINS	Telephone (903) 579-3152
	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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyrig I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as iden (Agent of owner other than corporation or partnership) I am the duly authorized agent of 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 legatin line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in go [18 U.S.C., Section 1001(1986)] 	ified in line 1 of space B; or he owner of the cable system as identified I entity identified as owner of the cable system of fact contained herein
	Enter an electronic signature on the line above to certify the Enter signature using an "/s/ signature" (e.g., /s/ John Smoother Symposium of the	
	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.

	FORM SA1-2E. PAGE
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06335
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
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.	Receipts Exclusion
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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	

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