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 | ENT OF ACCOUNT | FOR COPYRIG | FOR COPYRIGHT OFFICE USE ONLY | | | | | | |
|------------------|---|---|---|---|--|--|--|--|--|
| | ary Transmissions by | DATE RECEIVED | AMOUNT | - | | | | | |
| | ems (Short Form) | | | <u>coplicsoa@copyright.gov</u> | | | | | |
| | | | \$ | For additional information, contact the U.S. Copyright | | | | | |
| General instru | uctions are located | 03/01/2022 | | Office Licensing Division at | | | | | |
| in the first tab | of this workbook. | | ALLOCATION NUMBER | (202) 707-8150. | | | | | |
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| Α | ACCOUNTING PERIOD CO | VERED BY THIS STATEMENT: (Y | YYY/(Period)) | | | | | | |
| | | | | | | | | | |
| | 2021/2 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | | | | | | |
| | 2021/2 | | | | | | | | |
| | | | | | | | | | |
| | | 20212 Barcode Data Filing Period (optional | - see instructions) | | | | | | |
| Accounting | | | | | | | | | |
| Period | | | | | | | | | |
| | Instructions: | owner of the cable system. If the owner is a subsi | idiary of another corporation, give the full corr | porate title | | | | | |
| В | of the subsidiary, not that of th | - | | | | | | | |
| 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. | 063352 | | | | | |
| | | | | | | | | | |
| | LEGAL NAME OF OWNE | R/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | |
| | CEQUEL COMMUNICATIO | NS LLC | | | | | | | |
| | BUSINESS NAME(S) OF O | WNER OF CABLE SYSTEM (IF DIFFERENT | Γ) | | | | | | |
| | SUDDENLINK COMMUNIC | ATIONS | | | | | | | |
| | | WNER OF CABLE SYSTEM | | | | | | | |
| | 3027 S SE LOOP 32 | 3 | | | | | | | |
| | | (Number, street, rural route, apartment, or suite number) | | | | | | | |
| | TYLER, TX 75701 (City, town, state, zip) | | | | | | | | |
| С | | any business or trade names used to ide | | | | | | | |
| | | B. In line 2, give the mailing address of the | he system, if different from the address | given in space B | | | | | |
| System | | | | | | | | | |
| | MAILING ADDRESS OF CABL | | | | | | | | |
| | | | | | | | | | |
| | 2 (Number, street, rural route, apartme | nt, or suite number) | | | | | | | |
| | (City, town, state, zip code) | | | | | | | | |
| | | | | | | | | | |

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 |
|----------------------|--|---|
| | CEQUEL COMMUNICATIONS LLC | 063352 |
| D | Instructions: List each separate community served by the cable system. A "comm" a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. | communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city. | e home parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | STRINGTOWN | OK |
| Community | (MACK ALFORD CORR) | ОК |
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| ld Rows as Necessary | | |
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|---------------------------|--|-------------------|---|---|-------------|---------------------------------------|---------------|---------------------------|-------|--|
| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | : | | | | | | | |
| | CEQUEL COMMUNICA | TIONS LLC | | | | | | | 06335 | |
| - | SECONDARY TRANSMISSION | I SERVICE: SI | JBSCRI | BERS AND R | ATES | | | | | |
| E | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable | | | | | | | | | |
| 0 | system, that is, the retransmissi | | | | | | | | | |
| Secondary Transmission | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). | | | | | | | | | |
| Service: Sub- | Number of Subscribers: Bot | · | | | | , | ole system | ı, broken | | |
| scribers and | down by categories of secondar | • | | | | | | | | |
| Rates | each category by counting the n | | | ••• | | | | charged | | |
| | separately for the particular serv | | | | | • | , | na and tha | | |
| | Rate: Give the standard rate of unit in which it is generally billed | - | - | • | | | | - | | |
| | category, but do not include disc | • • | , | | iny stanua | | 5 wiunin a | | | |
| | Block 1: In the left-hand block | | | | ries 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 | | | | | | • | | | |
| | first set" and would be counted | | | | | | | | | |
| | Block 2: If your cable system | | | | | service that are | different f | rom those | | |
| | printed in block 1 (for example, | tiers of services | s that inc | lude one or m | ore secon | dary transmissio | ons), list th | em, together | | |
| | with the number of subscribers a | and rates, in th | e right-h | and block. A tv | vo- or thre | e-word descripti | on of the s | service is | | |
| | sufficient. | OCK 1 | | | | | BLOCK | <pre>/ 0</pre> | | |
| | | NO. OF | | | | | BLUCF | NO. OF | | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CATE | EGORY OF SER | VICE | SUBSCRIBERS | 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 | | | | | | | | | |
| | | | T | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | - | | | | | |
| F | In General: Space F calls for ra | | , | | • | , , | | | | |
| • | not covered in space E, that is, the service for a single fee. There a | | | | | | | | | |
| Services | furnished at cost or (2) services | • | - | | 0 | | 0.0 | , | | |
| Other Than | amount of the charge and the u | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | | | | | |
| ransmissions: | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not | | | | | | | | | |
| Rates | - | • • | | | - | | | | | |
| | 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. | | | | | | | | | |
| | | | | | | | | | | |
| | | BLO | | ORY OF SER | VICE | RATE | CATEGO | BLOCK 2 ORY OF SERVICE | RATE | |
| | ICATEGORY OF SERVICE | | | tion: Non-res | | TUTE | O/ (TEO | | | |
| | CATEGORY OF SERVICE Continuing Services: | | | | | | | | | |
| | Continuing Services: | - | | el, hotel | | | | | | |
| | Continuing Services: • Pay cable | - | • Mot | el, hotel nmercial | | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel | | • Mot • Con | nmercial | | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | | • Mot • Con • Pay | nmercial cable | annel | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection | | • Mot • Con • Pay • Pay | nmercial cable cable-add'l ch | annel | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential | | • Mot • Con • Pay • Pay • Fire | nmercial cable cable-add'l ch protection | annel | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | | • Mot • Con • Pay • Pay • Fire • Burg | nmercial cable cable-add'l ch protection glar protection | annel | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | | • Mot • Con • Pay • Pay • Fire • Burg | nmercial cable cable-add'l ch protection glar protection ervices: | annel | | | | | |
| | 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) | | • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec | nmercial cable cable-add'l ch protection glar protection ervices: onnect | annel | · · · · · · · · · · · · · · · · · · · | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | | • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc | nmercial cable cable-add'l ch protection glar protection ervices: onnect connect | annel | | | | | |
| | 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) | | • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl | nmercial cable cable-add'l ch protection glar protection ervices: onnect | | · · · · · · · · · · · · · · · · · · · | | | | |

| Name | | | | FORM SA1-2E. PAGE | | | | | |
|---|---|--|--|---|--|--|--|--|--|
| Nume | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM II 0633 | | | | | |
| | CEQUEL COMMUNICATIONS LLC | | | | | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | |
| G Primary Insmitters: Elevision | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> of • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann | also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. lel number the FCC assigned to the tele | (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep | time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream | | | | | |
| | Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | RC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M" (i, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of th | for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station | endent), "I-M" ional multicast). is licensed by the | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | |
| | KTEN-1 | 10 | N | ADA, OK | | | | | |
| | KTEN-2 | 10.2 | I-M | ADA, OK | | | | | |
| Necessary | KTEN-3 | 10.3 | N-M | SHERMAN, TX | | | | | |
| , | KXII-1 | 12 | Ν | SHERMAN, TX | | | | | |
| | KXII-3 | 12.3 | I-M | SHERMAN, TX | | | | | |
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| LEGAL NAME O | | | | | | | | | SYSTEM 063 |
|---|---|--|--|-----------------|---|---|---|---|---------------------------------|
| | t every radio s | station ca | arried on a separate and disc nerally receivable by your ca | | | | | | н |
| eceivable if (1) on the basis of or detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li bignal, indicate Column 4: C | i it is carried by monitoring, to ormation abou rm. dentify the call State whether t the radio stati this by placing Give the statior | y the sys be rece t the Co sign of the static ion's sig g a chec n's locati | II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which t | at s s th | the system's he ystem's FM antr is point, see page ed by the cable s e station is licen | eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC | 2) it can certain s leneral ir eparate | be expected, tated intervals. hstructions in the. and discrete | Primary Transmitter Radio |
| | | | | | | | 8/D | | |
| 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 | d: 2021/2 | | | | | | FC | ORM SA1-2E. PAGE 5. |
|------------------|--|--------------|---|-----------------------------|-------------------------------|-------------------------------|---|----------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | ATIONS LI | LC | | | | | 063352 |
| | SUBSTITUTE CARRIAGE | E: SPECIA | | NT AND PROGRAM LO | G | | | |
| - I | In General: In space I, ident | - | - | | | tion that v | our cable s | system carried on a |
| - | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | | | | | | |
| Special | During the accounting per | - | | | sis any nonr | network te | levision pr | ogram |
| Statement and | | | | n ourry, on a ousoitato sa | olo, any nom | | | |
| Program Log | broadcast by a distant sta | uon | | | | | 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 com | plete the p | rogram |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTE | E PROGRA | MS | | | | | |
| | In General: List each subst | | | | s wherever p | ossible, if | their mear | ning 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. | | | | | , | | , , , , , , , , , , |
| | | | | er "Yes." Otherwise enter " | | | | |
| | | | | asting the substitute progr | | | | |
| | the case of Mexican or Car | | | he community to which the | | | the FCC o | or, in |
| | | | | stem carried the substitute | | , | als with th | e month |
| | first. Example: for May 7 give | | when your by | | program. O | | | |
| | | | e substitute pro | ogram was carried by you | r cable syste | m. List the | e times acc | curately |
| | to the nearest five minutes. | Example: a | a program carr | ied by a system from 6:01 | 1:15 p.m. to 6 | :28:30 p.r | n. should l | be |
| | stated as "6:00–6:30 p.m." | "D" | | | | | | |
| | to delete under FCC rules a | | | n was substituted for progr | | | | |
| | | | | | | | | |
| | | | | | | | | program |
| | was substituted for program effect on October 19, 1976. | nming that y | | | | | | program |
| | was substituted for program | nming that y | | | | | | |
| | was substituted for progran effect on October 19, 1976. | nming that y | your system w | as permitted to delete und | ler FCC rules | and regu | Iations in | |
| | was substituted for progran effect on October 19, 1976. | UBSTITUT | your system w | as permitted to delete und | ler FCC rules WHE CARRI | N SUBS | lations in ITUTE CURRED | 7. REASON FOR |
| | was substituted for progran effect on October 19, 1976. | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system w | as permitted to delete und | ler FCC rules WHE CARRI | N SUBS | lations in ITUTE CURRED | 7. REASON FOR DELETION |
| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
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| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been ware of the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
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| | was substituted for progran effect on October 19, 1976. SI | UBSTITUT | your system was been been wanted by the system was been been been been been been been bee | as permitted to delete und | VHE CARRI 5. MONTH | N SUBS ⁻ AGE OC | Iations in TITUTE CURRED TIMES | 7. REASON FOR DELETION |
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| Accounting Period: | 2021/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|-------------------------------|--------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SY | STEM ID# 063352 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | nission service amount, se | ,032.00 |
| 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 \$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. | iis 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 | 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 \$527,6 | 500) | |
| | 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 | | INER OF CABLE SYSTEM: UNICATIONS LLC | | | SYSTEM ID# 063352 |
| M Channels | to its subscribers, a 1. Enter the total nu system carried te 2. Enter the total nu | and (2) the cable system's umber of channels on whic | total numb h the cabl | | . 5 |
| | and nonbroadcas | t services | | | 5 |
| N Individual to Be Contacted | | E CONTACTED IF FURTH | | RMATION IS NEEDED (Identify an individual | |
| for Further Information | Name F | RODNEY HASKINS | | Telephone | 903) 579-3152 |
| | () 7 | 3027 S SE LOOP 32: Number, street, rural route, apart TYLER, TX 75701 City, town, state, zip) | | te number) | |
| | Email | RODNEY.HAS | KINS@A | LTICEUSA.COM Fax (optional) | |
| O Certification | I, the undersigned (Owner c (Agent o In line X (Officer In line I have examined the second seco | , hereby certify that (Check o other than corporation or p f owner other than corpor e 1 of space B and that the o or partner) I am an officer (e 1 of space B. he statement of account and and correct to the best of m | one, <i>but or</i> partnershi ation or p owner is no (if a corpol d hereby d y knowled <u>y knowled</u> <u>Enter an</u> | rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as a eclare under penalty of law that all statements of fact contained her 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) | e B; or e system as identified owner of the cable system |
| | | Title: | d name: SVP, F | ALAN DANNENBAUM PROGRAMMING on held in corporation or partnership) | |
| | | Date: | | 2/1/2022 | |

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

| counting Period: 2021/2 | FORM SA1-2E. PAGE 8 |
|---|--|
| GAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| EQUEL COMMUNICATIONS LLC | 063352 |
| 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. | 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? | |
| X NO | |
| 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 |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 | |
| * 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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