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	STATEMENT OF ACCOUNT		FOR COPYRIG	<ul> <li>Return completed workbook by email to</li> </ul>					
		ransmissions by	DATE RECEIVED	AMOUNT	_				
	-	Short Form)			<u>coplicsoa@copyright.gov</u>				
•	•	,		\$	For additional information,				
General instru	uctions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at				
in the first tab	o of this	s workbook.		ALLOCATION NUMBER	(202) 707-8150.				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(YY/(Period))					
			Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		2021/2							
			1						
		20212	Barcode Data Filing Period (optional -	see instructions)					
Accounting			1						
Period									
		Instructions:							
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent o		liary of another corporation, give the full corpo	orate title				
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the	accounting period, only the owner on t	he last day of the accounting period should su	bmit a				
		single statement of account and royalty f	ee payment covering the entire account	ing period.	0.0000				
	-	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	063850				
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)						
		SUDDENLINK COMMUNICATIONS							
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		3027 S SE LOOP 323							
		(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip)							
С				ntify the business and operation of the					
System	name	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
oyotom	1	1       IDENTIFICATION OF CABLE SYSTEM:         1       MADISON CORRECTIONAL FACILITY							
		MAILING ADDRESS OF CABLE SYSTEM							
	2								
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip code)							
-									
Privacy Act Notic	ce: Sectio	on 111 of Title 17 of the United States Code a	uthorizes the Copyright Office to collect th	e personally identifying information (PII) request	ed on this				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063850
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate 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 Note: Entities and properties such as hotels, apartments, condominiums, or mob	d communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known S.
Area Served	identified city.	ne nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	MADISON	IN
Community	(MADISON CORRECTIONAL FACILITY)	
Rows as Necessary		

							FORM SA1-			
Name	LEGAL NAME OF OWNER OF C									
	CEQUEL COMMUNICA	TIONS LLC						06385		
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBER	S AND RATES						
E	In General: The information in s				ary transmission s	service of t	he cable			
	system, that is, the retransmission									
Secondary Transmission	about other services (including particular to a service of the accounting period					hose exist	ing on the			
Service: Sub-	Number of Subscribers: Bot	`			,	ole svstem	. broken			
scribers and	down by categories of secondar									
Rates	each category by counting the n						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 j				
	Block 1: In the left-hand block				econdary transmis	sion servio	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 of									
	Block 2: If your cable system					different f	rom those			
	printed in block 1 (for example, t	tiers of service	s that include	one or more seco	ondary transmissic	ons), list th	em, together			
	with the number of subscribers a	and rates, in th	e right-hand	olock. A two- or th	ree-word descripti	on of the s	service is			
	sufficient.	OCK 1				BLOCK	· •			
	DLU	NO. OF				BLUCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS R	ATE CA	TEGORY OF SER	<b>VICE</b>	SUBSCRIBERS	RATE		
	Residential:									
	<ul> <li>Service to first set</li> </ul>		0	-						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		20	42.41						
	Converter									
	Residential									
	Non-residential									
			I							
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra		,	•						
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services	•	-	•		0.07				
Other Than	amount of the charge and the ur	nit in which it is	usually bille	d. If any rates are	charged on a varia	able per-pi	ogram basis,			
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Rales	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
	, , .	BLO					BLOCK 2			
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			Non-residential		0,11201				
	• Pay cable	-	• Motel, he	otel						
	• Pay cable—add'l channel	-	Commer							
	Fire protection		• Pay cab							
	•Burglar protection		2	e-add'l channel						
	Installation: Residential		• Fire prot							
	• First set	-	• Burglar p							
		_	Other servi							
	<ul> <li>Additional set(s)</li> </ul>									
			<ul> <li>Reconne</li> </ul>	ect	-					
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		<ul> <li>Reconne</li> <li>Disconne</li> </ul>		-					
	• FM radio (if separate rate)		• Disconn	ect	-					
	• FM radio (if separate rate)		• Disconn • Outlet re	ect						

counting Period:	2021/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID 06385					
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	<ul> <li>carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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</li> <li>substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program</li> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>• 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</li> <li>station was carried <i>only</i> on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other</li> <li>basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> <li>Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each</li> <li>multicast stream associated with a station according to its over-the-air designation. For example, report multistream</li> <li>"WETA-2" as the same on the form.</li> <li>Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community</li> <li>of license. For example, WRC is channel 4 in Washington, D.C.</li> <li>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial</li> <li>educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of</li></ul>								
	FCC. For Mexican or Cana	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the station	4. LOCATION OF STATION					
	KNVA-1	54		Austin, TX					
		11	N						
	WHAS-1			Louisville, KY					
d Rows as Necessary	WLKY-1	32	N .	Louisville, KY					
	WBKI-1	58		Campbellsville, KY					
	WDRB-1	41	<b>.</b>	Louisville, KY					
	WAVE-1	3	Ν	Louisville, KY					
	WBNA-1	21	<b>I</b>	Louisville, KY					

EGAL NAME O									SYSTEM 063
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: Column 4: Colu	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be recein 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 the	at e 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 ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter Radio
CALL SIGN	AM or FM	s, ii any,	the community with which th		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/D	LOCATION OF STATION	Η	CALL SIGN		5/0	LOCATION OF STATION	
				-					
				-					
				-					
				-					
				1					
				1					

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS L	LC					063850	
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G				
I	In General: In space I, ident substitute basis during the a	ify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or au	Ithorization	s. For a further	
Substitute Carriage:	explanation of the programm				ne general ins	structions in th	le paper 5/	A 1-2 IOFM.	
Special	1. SPECIAL STATEMEN	-							
Statement and	During the accounting per		ur cable system	n carry, on a substitute ba	sis, any noni	network televi			
Program Log	broadcast by a distant sta	tion?					YES	X NO	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	must complete	e the prog	ram	
	log in block 2.								
	2. LOG OF SUBSTITUTE			ata lina. Llaa abbraviationa	wherever p	oogibla if thai	ir mooning	lio	
	In General: List each subs				s wherever p		ir meaning	15	
	clear. If you need more space, please add additional rows to the tables. <b>Column 1:</b> Give the title of every nonnetwork television program ("substitute program") that, during the accounting								
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor	gulations, c ries like "mo	or authorization	is. See page (v) of the gei ethall " List specific progra	neral instruct	ions for furthe	er informat	ion. or	
	"NBA Basketball: 76ers vs.			etball. List specific progra			VC LUCy		
				er "Yes." Otherwise enter "					
				asting the substitute progr he community to which the		concod by the		n	
	the case of Mexican or Car								
	Column 5: Give the mor	nth and day		stem carried the substitute			with the m	onth	
	first. Example: for May 7 giv							4-l	
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01				itery	
	stated as "6:00–6:30 p.m."								
				n was substituted for progr					
	to delete under FCC rules a was substituted for program							ogram	
	effect on October 19, 1976.	• •	your system w			s and regulation	5113 111		
	S	1	E PROGRAM		CARR	N SUBSTITU	RRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	IES TO	DELETION	
						_			
		+							
						_			
						_			
1									

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	CEQUEL COMMUNICATIONS LLC		063850
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	,120.00
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>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.</li> </ul>	3263,800	
	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.	nis 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		
	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		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	300)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 063850
<b>M</b> Channels	to its subscribers, 1. Enter the total n system carried te	and (2) the cable system's number of channels on whic elevision broadcast stations	otal numl	is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	7
	on which the cab	umber of activated channel le system carried television st services	broadcas	st stations	46
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		RMATION IS NEEDED (Identify an individual	
for Further Information	Name I	RODNEY HASKINS		Telephone	9 (903) 579-3152
	-	3027 S SE LOOP 323 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	I, hereby certify that (Check	one, <i>but or</i>	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) <b>ip</b> ) I am the owner of the cable system as identified in line 1 of space	
	in lin X (Officer in lin • I have examined t	e 1 of space B and that the of o <b>r partner)</b> I am an officer ( e 1 of space B. he statement of account and and correct to the best of m	if a corpo hereby d	<b>artnership)</b> I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as c eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	wwner of the cable system
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	l name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

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ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06385
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?	
XNO	
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days 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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