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	Return completed workbook by email to						
		ansmissions by	DATE RECEIVED	AMOUNT	-					
Cable Syste	-	-	BATERLEGENEB		<u>coplicsoa@copyright.gov</u>					
,	- (,		\$	For additional information,					
General instru	ictions	s are located	03/01/2022		contact the U.S. Copyright 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))						
			•							
			1							
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		20212	Barcode Data Filing Period (optional	- see instructions)						
		20212								
Accounting Period										
Fellou										
		Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subsid	diary of another corporation, give the full corp	orate title					
В		of the subsidiary, not that of the parent of								
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								
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	CEQUEL COMMUNICATIONS LLC									
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		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	RUCTIONS: In line 1, give any busi	ness or trade names used to ider	ntify the business and operation of the	system unless these					
С	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									
System	1	1 IDENTIFICATION OF CABLE SYSTEM:								
		FULTON COUNTY DETENT								
		MAILING ADDRESS OF CABLE SYSTEM	:							
	2	(Number, street, rural route, apartment, or suite n	umber)							
			•							
ļ		(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# 063882
D	Instructions: List each separate community served by the cable system. A "commu "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 l as the "first community." Please use it as the first community on all future filings.	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
First Community	CITY OR TOWN HICKMAN (FULTON COUNTY DETENTION CENTER)	STATE KY
d Rows as Necessary		

									A1-2E. PAG		
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID# 063882									
	CEQUEL COMMUNICA	FIONS LLC							06386		
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES						
E	In General: The information in s					ry transmission s	ervice of	the cable			
	system, that is, the retransmission					•					
Secondary Transmission	about other services (including plast day of 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			0,0				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	· ·	,		iy stanua		s wiu iir a	particular rate			
	Block 1: In the left-hand block				ies of sec	condary 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 of										
						service that are	different f	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 tw	o- or thre	e-word descripti	on of the	service is			
	sufficient.	DCK 1					BLOCK	()			
	DLU	NO. OF					BLUUR	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	VICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		0	-							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		19	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, t service for a single fee. There a										
Services	furnished at cost or (2) services	•			•		0 (,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the										
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: 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.										
	BLOCK 1										
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVIC	E RAT		
	Continuing Services:	TUTE		tion: Non-resi		TUTE	0,1120				
	• Pay cable	-		el, hotel							
	Pay cable—add'l channel	-		nmercial							
				cable							
			-	cable-add'l cha	annel						
	Fire protection		• Pav								
			-								
	• Fire protection •Burglar protection Installation: Residential		• Fire	protection							
	 Fire protection Burglar protection Installation: Residential First set 	- -	• Fire • Burg								
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire • Burg Other s	protection glar protection							
	 Fire protection Burglar protection Installation: Residential First set 		• Fire • Burg Other s • Rec	protection glar protection ervices:							
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bury Other s • Rec • Disc	protection glar protection ervices: onnect connect							
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bury Other s • Rec • Disc • Out	protection glar protection ervices: onnect	255						

counting Period:	2021/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	CEQUEL COMMUNIC	ATIONS LLC		063882					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: 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, except (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:								
	1. CALL SIGN	4. LOCATION OF STATION							
	WSIL-1	3	N	HARRISBURG, IL					
	KFVS-1	12	N	CAPE GIRARDEAU, MO					
			-						
Rows as Necessary	KBSI-1	23	N	CAPE GIRARDEAU, MO					
	WPSD-1	6	N .	PADUCAH, KY					
	KFVS(WQWQ)-2	12.2							
	WKPD-1	29	E	PADUCAH, 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 receint 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	ie	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/D	LOCATION OF STATION	F	CALL SIGN		5/0	LOCATION OF STATION	
_									

Accounting Perio	od: 2021/2					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				063882
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I O	G		
I	In General: In space I, ident substitute basis during the a	ify every not	nnetwork televi eriod, under sp	sion program, broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or authorization	ons. For a further
Substitute Carriage:	explanation of the programm				ne general in:	structions in the paper	5A 1-2 101111.
Special	 1. SPECIAL STATEMEN • During the accounting per 	-				activer's televicien pre-	
Statement and	broadcast by a distant sta		u cable system	i carry, on a substitute ba	515, any nom		
Program Log	,					YES	
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you i	must complete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUTE		Me				
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if their meanir	ng is
	clear. If you need more spa	ice, 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	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love Lucy	" or
		n was broa		er "Yes." Otherwise enter '			
				asting the substitute progr		as most by the FCC or	in
	the case of Mexican or Car			he community to which the community with which the			, in
				stem carried the substitute			month
	first. Example: for May 7 give						
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01			
	stated as "6:00–6:30 p.m."		a program can				
				n was substituted for prog			
	to delete under FCC rules a was substituted for program						rogram
	effect on October 19, 1976	•	, ,				
	SI	UBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
		Tes of No	CALL SIGN	4. STATIONS LOCATION	AND DAT		
						—	
						_	
						_	
						_	
						_	
		+	<u> </u>				
1							
			·				

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name			063882
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 transmers (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 servic∉ amount, se	,800.00
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.	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 \$ 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,	000)	
	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 #		
	<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# 063882
M Channels	to its subscribers, a 1. Enter the total n	and (2) the cable system's umber of channels on whic	total numl h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	6
	on which the cab	umber of activated channel le system carried television st services	broadcas	st stations	31
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		PRMATION IS NEEDED (Identify an individual	
for Further Information	Name I	RODNEY HASKINS		Telephone	(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 (Owner of (Agent of in line X (Officer	I, hereby certify that (Check of other than corporation or p of owner other than corpor- e 1 of space B and that the of or partner) I am an officer (one, <i>but or</i> partnersh ation or p owner is n	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 partnership) 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 o	e B; or e system as identified
	I have examined t	and correct to the best of m		eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	in
				/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	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	06388
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.	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	
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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