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	<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, contact the U.S. Copyright				
General instru	uctions	s are located	03/01/2022		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))					
			Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		2021/2	Ferrou 1 – January 1 - Julie 30	Peniod 2 – July 1 - December 31					
			_						
		20212	Barcode Data Filing Period (optional	- see instructions)					
Accounting			<b>_</b>						
Period									
		Instructions:							
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent of		idiary of another corporation, give the full corp	porate 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 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 filir	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	006994				
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1					
	CEQUEL COMMUNICATIONS LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		SUDDENLINK COMMUNICATIONS							
		MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM						
	3027 S SE LOOP 323								
		(Number, street, rural route, apartment, or suite number)							
	TYLER, TX 75701 (City, town, state, zip)								
С				entify the business and operation of the					
	name		e 2, give the mailing address of the	he system, if different from the address	s given in space B				
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		CRANE, TX MAILING ADDRESS OF CABLE SYSTEM	Λ:						
	_								
	2	(Number, street, rural route, apartment, or suite r	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	006994							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city.								
	CITY OR TOWN	STATE							
First	CRANE	ТХ							
Community	CRANE COUNTY(PORTION)	TX							
dd Rows as Necessary									
a nows as necessary									

	1							FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					SYSTEM ID				
	CEQUEL COMMUNICAT	TIONS LLC							00699		
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND RA	TES						
E	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
<u> </u>											
Secondary Fransmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and		Number of Subscribers: Both blocks in space L call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular serv					•	,	na and the			
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•							
	category, but do not include disc	· ·	,		ny standa		5 within a				
	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					0,					
	first set" and would be counted of										
	Block 2: If your cable system					service that are	different f	rom those			
	printed in block 1 (for example, t										
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	/o- or thre	e-word descript	on of the s	service is			
	sufficient.	OCK 1					BLOCK	(2)			
		NO. OF					BLOOK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		57	34.99							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		10	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		NSMIS		S						
-	In General: Space F calls for ra	· · · · · ·				all your cable sys	tem's serv	vices that were			
F	not covered in space E, that is, those services that are not offered in combination with any secondary transmission										
0	service for a single fee. There are	•			•		0.0				
Services Other Than	furnished at cost or (2) services										
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.										
ransmissions:	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										
	brief (two- or three-word) description and include the rate for each.										
		BLO			105	DATE	OATEO	BLOCK 2			
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV tion: Non-resi		RATE	CATEGO	ORY OF SERVICE	RATE		
	Pay cable	17.00		el, hotel	uentiai						
	Pay cable—add'l channel	17.00		nmercial							
	Fire protection	13.00		cable							
			-		annol						
	•Burglar protection Installation: Residential	• Pay cable-add'l channel     • Fire protection									
	First set	99.00		glar protection							
	1 1131 301	25.00		ervices:							
	<ul> <li>Additional set(s)</li> </ul>	20.00				10.00					
	Additional set(s)     EM radio (if separate rate)		• Ron	onnect		40.00					
	• FM radio (if separate rate)			onnect		40.00					
			• Disc	connect							
	• FM radio (if separate rate)		• Diso • Out			40.00 25.00 99.00					

unting Period:	2021/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID# 006994					
Nume	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ransmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, 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: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "M-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KMID-1	2	N	MIDLAND, TX					
	KMLM-1	42		ODESSA, TX					
ws as Necessary	KOSA-1	7	N	ODESSA, TX					
is Necessary	KOSA-2	7.2	I-M	ODESSA, TX					
	KPBT-1	36	E	ODESSA, TX					
	KPEJ-1	24		ODESSA, TX					
	KWES-1	9	N	ODESSA, TX					

LEGAL NAME OF								SYSTEM ID 00699
	t every radio s	tation ca	arried on a separate and discr enerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo	it is carried by monitoring, to prmation abou rm. lentify the call	y the sys be rece t the Co sign of	II-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ant	eadend, and ( enna, during o	2) it can certain si	be expected, tated intervals.	Primary Transmitters: Radio
signal, indicate <b>Column 4:</b> G	this by placing live the statior	g a chec n's locati	nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	ne station is licen	sed by the FC			
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

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					006994
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televi	sion program, broadcast by	a distant sta	tion, that you	ur cable syst	em carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	authorization	s. For a further
Substitute	explanation of the programm				he general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did yoι	ur cable systen	n carry, on a substitute ba	sis, any nonr	etwork tele	vision progr	
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 r	nust comple	ete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE			-4-1011		:	_ :	
	In General: List each subsicient clear. If you need more spa				s wherever po	ossidie, it th	eir meaning	IS
				vision program ("substitute	e program") tl	nat, during t	he accounti	ng
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.					xampio, Ti		51
				er "Yes." Otherwise enter '				
				asting the substitute progr he community to which th		ensed by th	ne FCC or i	n
	the case of Mexican or Car						10 1 00 01,1	
		•	when your sys	stem carried the substitute	e program. Us	se numerals	s, with the m	ionth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable syste	m List the ti	imes accura	itelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	"D" :f 4	lint - 1					ing of
	to delete under FCC rules a			n was substituted for progr uring the accounting perio				
	was substituted for progran	nming that y						5
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	SI		E PROGRAM	l	CARRIAGE OCCURRED			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. TI FROM –	MES – TO	DELETION
							_	
						-		
						_	_	
			· · · · · · · · · · · · · · · · · · ·					
						- - - -		
						- - - - - - -		
						- - - - - - - - - - - - - - - - - - -		

Accounting Period:	<b>2021/2</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC 00699
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula       \$       263,800.00         2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	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)
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 Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC			SYSTEM ID# 006994
M Channels	to its subscribers, 1. Enter the total i system carried t	and (2) the cable system's number of channels on which	total numl h the cab	is on which the cable system carried television broadcast stations ber of activated channels during the accounting period.	. 7
		ble system carried television ast services		st stations	61
N Individual to Be Contacted		BE CONTACTED IF FURTH		PRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	903) 579-3152
	Address	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 undersigne     (Owner     (Agent	d, hereby certify that (Check of other than corporation or portion of owner other than corporation of the other than corporation of the other than corporation of owner other than corporation of owner other than corporation of owner other than corporation of the other than cor	one, <i>but or</i> partnersh ation or p	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 <b>partnership</b> ) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or	e B; or
	<ul> <li>I have examined</li> </ul>	ne 1 of space B. the statement of account and , and correct to the best of m	l hereby d	ration) or a partner (if a partnership) of the legal entity identified as o 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)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		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	006994
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     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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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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