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 COPYRIC	 Return completed workbook by email to 					
		ransmissions by	DATE RECEIVED	AMOUNT	—				
	-	Short Form)			<u>coplicsoa@copyright.gov</u>				
	(03/01/2022	\$	For additional information,				
General instru	uctions	s are located			contact the U.S. Copyright Office Licensing Division at				
in the first tab	of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.				
					-				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			1						
			1						
		20212	Barcode Data Filing Period (optional	- see instructions)					
Accounting									
Period									
		Instructions:							
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full corp	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 the last day of the accounting period should submit a							
		single statement of account and royalty f							
		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	008657				
		<u> </u>							
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
	CEQUEL COMMUNICATIONS LLC								
	BUSINESS NAME(S) OF OWNER OF 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 number)							
		TYLER, TX 75701 (City, town, state, zip)							
С				ntify the business and operation of the					
	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							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		LINDSAY, OK MAILING ADDRESS OF CABLE SYSTEM	:						
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(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	00865
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
First	LINDSAY	STATE OK
Community	ERIN SPRINGS	OK
dd Rows as Necessary		
	ากสายเสียงการแบบกา	

	T							FORM SA1-				
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:										
	CEQUEL COMMUNICA			00865								
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES											
E	In General: The information in s	-		-		•						
0	system, that is, the retransmission					•						
Secondary Transmission	about other services (including participation of the accounting period						nose exist	ing on the				
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	down by categories of secondar						-					
Rates	each category by counting the n		,	0,0		1 0		charged				
	separately for the particular server Rate: Give the standard rate of					•	,	ro and the				
	unit in which it is generally billed	-	-	•								
	category, but do not include disc	• •	,				5 within a					
	Block 1: In the left-hand block					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											
	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 t	wo- or thre	e-word descript	on of the s	service is				
	sufficient.	OCK 1					BLOCK	()				
		NO. OF					DLOON	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		226	34.99								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		31	45.95								
	Converter											
	Residential											
	Non-residential											
			NOMO		<u> </u>							
_	SERVICES OTHER THAN SEC In General: Space F calls for ra	·				all vour cable svs	tem's serv	vices that were				
F		In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission										
	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services											
Services	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the											
Other Than 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											
	listed in block 1 and for which a separate charge was made or established. List these other ser							e form of a				
	brief (two- or three-word) description and include the rate for each.						1					
	BLOCK 1							BLOCK 2				
		BLU					CATEGO	ORY OF SERVICE	RATE			
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	0/1120					
	Continuing Services:	RATE	Installa	tion: Non-res		RATE	UNIEG					
	Continuing Services: • Pay cable	RATE 17.00	Installa • Mot	tion: Non-res		RATE	O/TEC					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mot • Con	tion: Non-res el, hotel nmercial		RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00	Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 17.00	Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 17.00 19.00	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 17.00	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE						
	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)	RATE 17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential							
	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)	RATE 17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection eervices:	idential							

	LEGAL NAME OF OWNER O	 DF CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entu (for independent multicast) For the meaning of these to	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, <i>except</i> (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), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for momercial educational multicast).							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAUT-1	43	I	OKLAHOMA CITY, OK					
	KAUT-2	43.2	I-M	OKLAHOMA CITY, OK					
Rows as Necessary	KAUT-HD1	43	I-M	OKLAHOMA CITY, OK					
	KETA-1	13	E	OKLAHOMA CITY, OK					
	KETA-2	13.2	E-M	OKLAHOMA CITY, OK					
	KETA-HD1	13	E-M	OKLAHOMA CITY, OK					
	KFOR-1	4	N	OKLAHOMA CITY, OK					
	KFOR-2	4.2	I-M	OKLAHOMA CITY, OK					
	KFOR-HD1	4	N-M	OKLAHOMA CITY, OK					
	KOCB-1	34	l	OKLAHOMA CITY, OK					
	КОСВ-2	34.2	I-M	OKLAHOMA CITY, OK					
	КОСВ-3	34.3	I-M	OKLAHOMA CITY, OK					
	KOCB-HD1	34	I-M	OKLAHOMA CITY, OK					
	КОСМ-1	46	I	NORMAN, OK					
	КОСО-1	5	N	OKLAHOMA CITY, OK					
	KOCO-2	5.2	I-M	OKLAHOMA CITY, OK					
	KOCO-HD1	5	N-M	OKLAHOMA CITY, OK					
	KOKH-1	25	I	OKLAHOMA CITY, OK					
	КОКН-2	25.2	I-M	OKLAHOMA CITY, OK					
	КОКН-З	25.3	I-M	OKLAHOMA CITY, OK					
	KOKH-HD1	25	I-M	OKLAHOMA CITY, OK					
		25 62	I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	KOKH-HD1		I-M I I-M						

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE			
Name				00			
	PRIMARY TRANSMITTERS:						
G	carried by your cable syste	entify every television station (including tra- em during the accounting period, <i>except</i> ((1) stations carried only on a pai	rt-time basis under			
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a	in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations carr	(e)(2) and (4))]; and (2) certain s	stations carried on a			
		ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis.	e Special Statement and Program	m Log)—if the			
	• List the station here, and basis. For further information	also in space I, if the station was carried I on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instru	ictions.			
	multicast stream associate "WETA-2" as the same on	d with a station according to its over-the-a	air designation. For example, re	port multistream			
	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), "N-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. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.						
	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the locatic FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static e community with which the stati	ependent), "I-M" ational multicast). on is licensed by the on is identified.			
	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th	or network multicast), "I" (for inde "E-M" (for noncommercial educ- tions in the paper SA1-2 form. he community to which the station	ependent), "I-M" ational multicast). on is licensed by the			
	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the locatic FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educ tions in the paper SA1-2 form. he community to which the static e community with which the stati	ependent), "I-M" ational multicast). on is licensed by the on is identified.			
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	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52	or network multicast), "I" (for inde "E-M" (for noncommercial educ- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK			
	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14	or network multicast), "I" (for inde "E-M" (for noncommercial educ- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK			
	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14	or network multicast), "I" (for inde "E-M" (for noncommercial educ- tions in the paper SA1-2 form. he community to which the static community with which the static 3. TYPE OF STATION I-M I	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK			
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	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 10 30	or network multicast), "I" (for inde "E-M" (for noncommercial educ- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I I I I I I	ependent), "I-M" ational multicast). on is licensed by the on is identified.			
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTBO-HD1 KTEN-1 KTUZ-1 KTUZ-HD1	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 10 30 30	or network multicast), "I" (for inde "E-M" (for noncommercial educ- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I I I I I I I I I I	ependent), "I-M" ational multicast). on is licensed by the on is identified.			
	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1 KTUZ-HD1 KWTV-1	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 10 30 30 9	or network multicast), "I" (for inde "E-M" (for noncommercial educ- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I I I N I N N	ependent), "I-M" ational multicast). on is licensed by the on is identified.			

EGAL NAME OI								SYSTEM 008
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to prmation abou rm. dentify the call state whether t	y the sys be rece It the Co sign of the statio	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. nal was electronically process	at the system's h system's FM an this point, see pa	eadend, and (tenna, during o age (v) of the g	2) it can certain s jeneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter Radio
ignal, indicate Column 4: G	this by placing Give the station	g a chec n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	he station is lice	nsed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
					+			
							·	
					<u> </u>			

Accounting Perio	od: 2021/2						FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					008657
	SUBSTITUTE CARRIAG	E SPECI						
1		-	-			tion that w	ur cable evet	em carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u> </u>		· ··· F-F-· ··	
Special	During the accounting per	-			sis onv nonr	otwork tol	ovision progr	am
Statement and			a cable system	in carry, on a substitute ba	sis, any nom			
Program Log	broadcast by a distant sta	tion?				Ļ	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 comp	lete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs				s wherever po	ossible, if t	heir meaning	IS
	clear. If you need more spa			/ision program ("substitute	orogram") ti	hat during	the accounti	na
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ger	neral instruct	ions for fur	ther informat	ion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		dooot live opto	r "Vaa " Othanuiga aptar "	No."			
				er "Yes." Otherwise enter " asting the substitute progr				
				he community to which the		censed by	the FCC or, i	n
	the case of Mexican or Car							
			when your sys	stem carried the substitute	e program. Us	se numera	ls, with the m	onth
	first. Example: for May 7 giv						4:	4 - Iv -
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01				itely
	stated as "6:00-6:30 p.m."	Example.	a program oan		. 10 p.m. to 0	.20.00 p.m		
		er "R" if the	listed progran	n was substituted for progr	ramming that	t your syste	em was <i>requ</i> i	red
	to delete under FCC rules a							gram
	was substituted for program	• •	our system w	as permitted to delete und	er FCC rules	and regul	ations in	
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC		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. ⁻ FROM	TIMES — TO	DELETION
							-	
							_	
							_	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Haine		008657
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	is six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
	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	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 008657
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	34 529
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one,<i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	B; or system as identified wner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position 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.

Sequel communications life Second communications life Second commun	counting Period: 2021/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION Installate home Viewer Act of 1986 amended Tile 17, section 111(0)(1)(A), of the Copyright Act by adding the fol- lowing sentence: The Stabilite home Viewer Act of 1986 amended Tile 17, section 111(0)(1)(A), of the Copyright Act by adding the fol- lowing sentence: The stabilite home Viewer Act of 1986 amended Tile 17, section 111(0)(1)(A), of the Copyright Act by adding the fol- lowing sentence: The The Intermining the lotal number of subscribers and the gross amounts paids to the cable system for the basic services and manufactocleted from subscribers reaching sectionally transmissions 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 carrier(s) below. S Nore Yes. Enter the total here and list the satellite carrier(s) below. S Nore and manufact College (Will) payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (Will) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. Line 2. Multiply line 1 by the interest rate' and enter the sum here	SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statilite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: In determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. P For more information on when to exclude these amounts, see the nole on page (vii) of the general instructions to catal in the paper SA1-2 form. Secondary transmissions pursuant to section 119. P Image: Subscription of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. S	QUEL COMMUNICATIONS LLC	008657
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? No Image YeS. Enter the total here and list the satellite carrier(s) below. \$	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-	- Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below		Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maing Address Name Maing Address Name Maing Address Marine INTEREST ASSESSMENT Normal complete this worksheet for those royally 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment x		
Name Name Maing Address Maing Address Maing Address Maing 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	X NO	
Mailing Address Mailing Address Image: Address Ima	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments assessment. Image: Complete this worksheet for those royalty payments and enter the sum here is a complete this worksheet for those royalty payments and enter the sum here is payed. Image: Complete this worksheet for those royalty payments and enter the sum here is pay to complete the sum here is payed. Image: Complete this worksheet for those royalty payments and enter the sum here is payed. Image: Complete this worksheet for those royalty payments and enter the sum here is payed. Image: Complete this worksheet for those royalty payments and enter the sum here is payed. Image: Complete this worksheet for those royalty payments and enter the sum here is payed. Image: Complete this worksheet for those royalty payments and enter the sum here is payed. Image: Complete this worksheet for those royalty payments and enter the sum here is payed. Image: Complete this worksheet for those royalty payments a		
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Line 1 Ender the antiduit of late payment of underpayment		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	xdays	
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	Line 4 Multiply line 3 by 0.00274** and enter here	
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Accounting period		

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