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

				Return completed workbook by email to
-	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) uctions are located of this workbook.	9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	2022	Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corpora		iary of another corporation, give the full corporat	e title of the
Owner	List any other name or names under whic	h the owner conducts the business of th	e cable system.	
	If there were different owners during the statement of account and royalty fee pay		e last day of the accounting period should submi iod.	t a single
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	015293
		G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)		
		(,,		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3027 S SE LOOP 323	number)		
	TYLER, TX 75701			
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			

 System
 IDENTIFICATION OF CABLE SYSTEM: PURCELL, OK

 MAILING ADDRESS OF CABLE SYSTEM:

 2

 (Number, street, rural route, apartment, or suite number)

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.

(City, town, state, zip code)

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.						
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	015293						
D Area Served	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 identified city.							
	CITY OR TOWN	STATE						
First	PURCELL	OK						
Community	BLANCHARD	ОК						
	CLEVELAND COUNTY	OK						
Add Rows as Necessary	LEXINGTON	OK						
	MAYSVILLE	OK						
	MCCLAIN COUNTY(PORTION)	OK						
	NOBLE	OK						
	WAYNE	ОК						

CECUDE COMMONICATION CLC Be secondary Transmission architects Secondary Transmission active the state of the cable system. That is, the retransmission of television and ratio broadcasts by your system to subscribes. Give information doubt their services (including yay active) in space F. Indue and the data the fact you substant subscribes. Give information doubt their services (including yay active) in space F. Indue and Table System these existing on the services and match all system. The retransmission of television and ratio broadcasts by your system to subscribes. Give including the number of subscribes in the set international system the auto tables yetsen, broken and balagory by counting the number of billing in the category (the number of persons or organization charged and halagory by counting the number of billing in the category (the number of subscribes in and halagory by counting the number of billing in the category of service. Include both the amount of the charge and the unit which it generally billed. (Example: \$20mt): Symmitric ary statematic within a particular areive category, but do not include discounts allowed for advance payment. Biock 1: If the left-hand block in space E, the form list the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and table of category systems most commonly provide to their subscribers. Give the number of subscribers and table of category systems most commonly provide to their subscribers and table category. Example: a residential subscriber with a paylicable ecounder as autoscriber in each applicable category. Example: a residential subscriber of a subscribe and transmission service that are different from those printed in block 1 (for example system for ratio categories for secondary transmission). Stet Herner stablock: The example system for active block. Aloco o	SA1-2E. PAGE YSTEM ID										
E In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission dievice and transmission factor about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the cable system, that is, the entransmission service is all for the number of subscribers in secondary transmission service that cable system, that is, the anticular state must be the cable system, broken draw by categories of secondary transmission service. Include both the amount of the chales generally bild. (How 30 or December 31, as the case may be). Rates Rates Rate characteristic services in the rate indicated—not the number of subscribers in the cable system, hat is, the cable system is and track charge of the rate harged for each category of service. Include both the amount of the chales and the cable system is the intervence of subscribers and track charge and the cable system is most commonly provide to their subscribers. Give the number of subscribers and rate for sending service). Rate: Bock 1: In the ish-had bock in subscribers. Give the number of subscribers and rate for sending variable category. Example: a residential category by the on include docourds are subscriber. Subscribers and rate for sending variable category. Example: a residential category system. Not: (Figure angle, is provide to their subscribers in secondary transmission service that and ead secondary transmission service that and differential table category is the inplicit high and the camel on a subscribers is reacting service. In the second secondary transmission service that and differential table category is the secondary transmission service that and differential table category is the inplicit table category is the secondary tand rate is the catesecategory. Example: a resid	01529										
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• Service to first set 478 50.00 • Service to additional set(s) • FM radio (if separate rate) • • • • • • • • • • • • • • • • • • •	s RATI										
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Converter Residential Non-residential Image: Converter Non-residential Image: Converter Non-residential Image: Converter 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 furnished to cost or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable 17.00 • Pay cable • Motel, hotel • Fire protection • Pay cable • Burgiar protection • Pay cable • Fire protection • Pay cable </td <td></td>											
• Residential • Non-residential • Non-residential • Non-residential BERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES 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 should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services is listed. 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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Ontinuing Services: Installation: Non-residential • Pay cable 17.00 • Pay cable • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Pay cable 17.00 • Motel, hotel <											
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F SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. Extra CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Image and the charge 17.00 • Motel, hotel • Pay cable 17.00 • Motel, hotel • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable											
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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. Image: the standard content of the 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. Image: the standard content of the 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. Image: the standard content of the 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. Image: the services: Image: the services: Image: the services: Image: the services: Image: the services: Image: the services: Image: the services: </td <td></td>											
F 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Very cable 17.00 •Motel, hotel • Pay cable 19.00 •Commercial • Fire protection •Pay cable •Pay cable • Fire protection •Pay cable •Pay cable • First set 99.00 •Burglar protection •Burglar protection • Fire steet 99.00 •Burglar protection •Burglar protection • Fire rotection •Burglar protection •Burglar protection •Burglar protection •											
Services Intervice for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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. Image: Continuing Services: Installation: Non-residential Pay cable 17.00 Pay cable 17.00 Pay cable 19.00 Pay cable Pay cable Pay cable 17.00 Pay cable Pay cable Pay cable Pay cable Pay cable Pay cable Pay cable Pay cable Pay cable Pay cable <td></td>											
Services Other Than Secondary Transmissions: furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable 17.00 •Motel, hotel • Pay cable 19.00 •Commercial •Pay cable • Fire protection •Pay cable •Pay cable •Pay cable • First set 99.00 •Burglar protection •Burglar protection • Fire rotection •String area trate) •Reconnect 40.00											
Other Than Secondary Transmissions: 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable 17.00 •Motel, hotel •Motel, hotel • Pay cable 19.00 •Commercial •Pay cable •Pay cable • Fire protection •Pay cable •Pay cable •Pay cable •Pay cable • First set 99.00 •Burglar protection •Burglar protection •Burglar protection • First set 99.00 •Burglar protection •Burglar protection •Burglar protection • First set 99.00 •Burglar protection •Burglar protection •Burglar protection • First set 99.00 •Burglar protection •Burglar protection •Burglar protection <t< td=""><td></td></t<>											
Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Vertication Installation: Non-residential Installation: Non-residential Installation: Non-residential • Pay cable 17.00 • Motel, hotel • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • First set 99.00 • Burglar protection • Burglar protection • Burglar protection • Burglar protection • First set 99.00 • Burglar protection • Burglar protection • Burglar protection • First set 99.00 • Burglar protection • Burglar protection • Burglar protection • First set 99.00 • Burglar protection • Burglar protection • Burglar protection • First set 99.	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,										
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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable 17.00 ·Motel, hotel ·Motel, hotel · ·Pay cable 19.00 ·Motel, hotel · · ·Fire protection ·Pay cable ·Pay cable ·Pay cable · ·Fires protection ·Pay cable ·Pay cable ·Pay cable · ·Fires protection ·Pay cable ·Pay cable ·Pay cable · · ·First set ·Pay cable ·Pay cable ·Pay cable ·	enter only the letters "PP" in the rate column.										
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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable 17.00 • Motel, hotel • Pay cable 19.00 • Commercial • Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel • First set 99.00 • Burglar protection • First set 99.00 • Burglar protection • Additional set(s) 25.00 Other services: • FM radio (if separate rate) • Reconnect 40.00											
BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Non-residential Non-residential Non-residential • Pay cable 17.00 • Motel, hotel • Pay cable • Pay											
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services: • Pay cable • Pay cable—add'I channelInstallation: Non-residential • Motel, hotel•• Pay cable—add'I channel19.00• Commercial • Pay cable•• Fire protection • Burglar protection• Pay cable • Pay cable-add'I channel • First set• Pay cable-add'I channel • Fire protection• First set • Additional set(s) • FM radio (if separate rate)99.00• Burglar protection • Reconnect• Motel, hotel • Services: • Reconnect											
Continuing Services:Installation: Non-residential• Pay cable17.00• Pay cable—add'l channel• Motel, hotel• Pay cable—add'l channel• Commercial• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• First set99.00• First set99.00• Additional set(s)25.00• FM radio (if separate rate)• Reconnect• Reconnect40.00											
• Pay cable17.00• Motel, hotel• Pay cable—add'l channel19.00• Commercial• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• Burglar protection• Pay cable-add'l channel• First set99.00• First set99.00• Additional set(s)25.00• FM radio (if separate rate)• Reconnect	CE RATE										
• Pay cable—add'l channel19.00• Commercial• Fire protection• Pay cable•• Burglar protection• Pay cable-add'l channel• Installation: Residential• Fire protection• First set99.00• Burglar protection• Additional set(s)25.00Other services:• FM radio (if separate rate)• Reconnect40.00											
• Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel Installation: Residential • Fire protection • Pay cable • First set 99.00 • Burglar protection • Pay cable • Additional set(s) 25.00 Other services: • Pay cable • FM radio (if separate rate) • Reconnect 40.00											
•Burglar protection •Pay cable-add'l channel Installation: Residential •Fire protection •First set 99.00 •Additional set(s) 25.00 •FM radio (if separate rate) •Reconnect											
Installation: Residential• Fire protection• First set99.00• Additional set(s)25.00• FM radio (if separate rate)• Reconnect• Reconnect40.00											
• First set 99.00 • Burglar protection • Additional set(s) 25.00 Other services: • FM radio (if separate rate) • Reconnect 40.00											
Additional set(s) FM radio (if separate rate) Constant of the services: Additional set(s) Reconnect Additional set(s) Additio											
• FM radio (if separate rate) • Reconnect 40.00											
Converter Order Disconnect											
• Outlet relocation 25.00											
Move to new address 99.00											

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM 0152					
Nume	CEQUEL COMMUNICATIONS LLC								
G	In General: In space G, ide carried by your cable system	IMARY TRANSMITTERS: TELEVISION General: In space G, identify every television station (including translator stations and low power television stations) rried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations	(2) and (4), or 76.63 (referring to 76.61) s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations:	(e)(2) and (4))]; and (2) certain sta	tions carried on a					
	station was carried <i>only</i> on • List the station here, and a basis. For further information	also in space I, if the station was carried on concerning substitute basis stations,	both on a substitute basis and als see page (v) of the general instruc	so on some other tions.					
	multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI	n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s	air designation. For example, reprision station for broadcasting over	oort multistream r the air in its community					
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canac	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), oi rrms, see page (iv) of the general instruc n of each station. For U.S. stations, list dian stations, if any, give the name of th	or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	endent), "I-M" ional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAUT-1	43	<u> </u>	OKLAHOMA CITY, OK					
	KAUT-2	43.2	I-M	OKLAHOMA CITY, OK					
d 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	Ν	OKLAHOMA CITY, OK					
	KFOR-2	4.2	I-M	OKLAHOMA CITY, OK					
	KFOR-HD1	4	N-M	OKLAHOMA CITY, OK					
	KOCB-1	34	<u> </u>	OKLAHOMA CITY, OK					
	KOCB-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					
	KOCM-1	46	I	NORMAN, OK					
	KOCO-1	5	Ν	OKLAHOMA CITY, OK					
	KOCO-2	5.2	I-M	OKLAHOMA CITY, OK					
	KOCO-HD1	5	N-M	OKLAHOMA CITY, OK					
	KOKH-1	25	<u> </u>	OKLAHOMA CITY, OK					
	KOKH-2	25.2	I-M	OKLAHOMA CITY, OK					
		25	I-M	OKLAHOMA CITY, OK					
	KOKH-HD1								
	KOPX-1	62	I	OKLAHOMA CITY, OK					
		62 62	I	OKLAHOMA CITY, OK					
	КОРХ-1		I I-M I						
	KOPX-1 KOPX-HD1	62	I I-M I I-M	OKLAHOMA CITY, OK					

ounting Period:	-			FORM SA1-2E. PAC					
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
	CEQUEL COMMUNIC	CATIONS LLC		0152					
	PRIMARY TRANSMITTERS: TELEVISION								
G		entify every television station (including tr	•	,					
G		m during the accounting period, except (· · · ·						
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61)							
Fransmitters:	substitute program basis, a	as explained in the next paragraph.							
Television		: With respect to any distant stations car	ried by your cable system on a su	ubstitute program					
		ules, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the					
	station was carried only or			0,					
		also in space I, if the station was carried							
		on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro							
	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 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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KTBO-HD1	14	I-M	OKLAHOMA CITY, OK					
	KTUZ-1	30	I	SHAWNEE, OK					
	KTUZ-HD1	30	I-M	SHAWNEE, OK					
	KWTV-1	9	N	OKLAHOMA CITY, OK					
	KWTV-2	9.2	I-M OKL	OKLAHOMA CITY, OK					

LEGAL NAME OF									SYSTEM I 0152
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl						н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. dentify the call tate whether the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processor c mark in the "S/D" column. on (the community to which the the community with which the	t th sys nis ed	e system's hea stem's FM anter point, see page by the cable sy station is licens	dend, and (2) nna, during ce e (v) of the ge vstem as a sep ed by the FCC) it can b rtain sta neral ins parate a	e expected, ited intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0	LOCATION OF STATION	1	UNLL SIGIN		3/0	LOCATION OF STATION	
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Accounting Perio	d: 2022/1						FORM	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					015293
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
Substitute	substitute basis during the ac explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	-					-	
Special	 During the accounting peri 				s. anv nonne	twork televisior	n program	ı
Statement and Program Log	broadcast by a distant stat	-	,				YES	× NO
Flogram Log	,							
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you m	ust complete th	ie progran	n
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their m	neaning is	
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, reg							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."				•		
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		ensed by the FC	CC or in	
	the case of Mexican or Can							
			when your syst	em carried the substitute p	program. Use	e numerals, witl	h the mon	th
	first. Example: for May 7 giv		substitute prov	gram was carried by your o	cable system	List the times	accurate	v
	to the nearest five minutes.							у
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that y				and regulations		
	s	UBSTITUT	E PROGRAM			EN SUBSTITU IAGE OCCUR		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			DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM —	10	
						_		
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						-		

Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 015293
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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 Imount, see	5,887.61
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 \$2 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 t accounting period is \$52.00.	nis six-month	
	Line 1. Royalty fee for accounting period		
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 155,887.61		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	55,887.61	
	5. Enter the amount from line 3	07,912.39	
	6. Subtract line 5 from line 4	47,975.22	
	7. Multiply line 6 by .005 (enter figure here)	\$	239.88
	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	\$	239.88
	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	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)	239.88	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	259.88
	EFT Trace # or TRANSACTION ID #		
	Important: 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 more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of transmission of the transmission of transmission of the transmission of transmission o		

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC			SYSTEM ID# 015293
M Channels	to its subscrit 1. Enter the to system can 2. Enter the to on which th	bers, and (2) the cable system otal number of channels on wi rried television broadcast stati otal number of activated chan ne cable system carried televis	nels	, the accounting period.	31 393
N Individual to		TO BE CONTACTED IF FUR ct about this statement of acc	THER INFORMATION IS NEEDED (Identify ount.)	y an individual	
Be Contacted for Further Information	Name	RODNEY HASKINS		Telephone (903)	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)			
	Email		SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accordance	with Copyright Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable sys	stem as identified in line 1 of space B; or	
	(Age		ration or partnership) I am the duly authorize the owner is not a corporation or partnership;		as identified
	 I have examin are true, comp 	in line 1 of space B. ed the statement of account an	r (if a corporation) or a partner (if a partnership d hereby declare under penalty of law that all s my knowledge, information, and belief, and ar	statements of fact contained herein	e cable system
			X /s/ Alan Dannenbaum Enter an electronic signature on the line abor Enter signature using an "/s/ signature" (e.g.		
		Typed or printe	ed name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING Title of official position held in corporation or partners	hip)	
		Date:		8/24/2022	

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.

ccounting Period: 2022/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	015293
 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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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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