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
STATEM	ENT OF ACCOUNT	FOR COPYRIC	email to	
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Syste	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
-	uctions are located	9/15/22		Office Licensing Division at
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Rereade Date Filing Paried (entional	and instructiona)	
	2022	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В			idiary of another corporation, give the full corp	porate title
Owner	List any other name or names under wh	nich the owner conducts the business of	the cable system.	
	_	ne accounting period, only the owner on v fee payment covering the entire accourt	the last day of the accounting period should s nting period.	ubmit a
	Check here if this is the system's first fil	ing. If not, enter the system's ID number	r assigned by the Licensing Division.	025311
		NG ADDRESS OF CABLE SYSTEM	1	
	CEQUEL COMMUNICATIONS LLC	; OF CABLE SYSTEM (IF DIFFEREN'	т)	
			<u>, , , , , , , , , , , , , , , , , , , </u>	
	SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER O			
	3027 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite	number)		
	City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	NEOSHO, MO			

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.

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

MAILING ADDRESS OF CABLE SYSTEM:

City, town, state, zip code)

2

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including si	Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including si 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 k 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. First CITY OR TOWN STATE Meostho MO NEWTON COUNTY (PORTION) MO	Name	CEQUEL COMMUNICATIONS LLC	02531						
Area Served identified city. First Community CITY OR TOWN STATE NEOSHO MO MO	_	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.							
First NEOSHO MO Community NEWTON COUNTY(PORTION) MO									
Community NEWTON COUNTY(PORTION) MO		CITY OR TOWN	STATE						
			MO						
Arbox shawa Arbox	Community	NEWTON COUNTY (PORTION)	MO						
	dd Rows as Necessary								
Image: Section of the section of th									
Intersection <td></td> <td></td> <td></td>									
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	1							FORM SA1-	2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	CEQUEL COMMUNICAT		02531								
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND RA	ATES						
E	In General: The information in space E should cover all categories of secondary transmission service of the cable										
Cocondom	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary Transmission							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		-					•				
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular serv Rate: Give the standard rate of					•	,	ro and the			
	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	ondary 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 once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from 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	vo- or thre	e-word descript	ion of the s	service is			
	Sufficient.						BLOCK	()			
		NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		818	50.00							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		44	45.95							
	Converter										
	Residential										
	Non-residential		ľ								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S						
F	In General: Space F calls for ra	•	,		•						
•	not covered in space E, that is, t service for a single fee. There a										
Services	furnished at cost or (2) services	•			•		0.0				
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the			-							
ransmissions:	Block 1: Give the standard rat			•				wore not			
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) descrip										
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	//05	RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE		
	Continuing Services:	RATE		tion: Non-res		RATE	CATEGO	JRT OF SERVICE	RAIL		
	Pay cable	17.00		el, hotel	acintia						
	Pay cable—add'l channel	19.00		nmercial							
	Fire protection	10.00		cable							
	•Burglar protection		-	cable-add'l ch	annel						
	Installation: Residential		-	protection							
		99.00		glar protection							
	• First set		Dui	•							
	First set Additional set(s)		Other -	ervicee							
	 Additional set(s) 	25.00		services:		40.00					
	• Additional set(s) • FM radio (if separate rate)		• Rec	connect		40.00					
	 Additional set(s) 		• Rec • Disc	connect connect							
	• Additional set(s) • FM radio (if separate rate)		• Rec • Dise • Out	connect		40.00 25.00 99.00					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	ATIONS LLC		025					
	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, <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 776.59(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 noncommercial educational multicast). For the meaning of these t								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION								
	KFJX-1	14	Ι	PITTSBURG, KS					
	KFJX-2	14.2	I-M	PITTSBURG, KS					
Rows as Necessary	KFJX-HD1	14	I-M	PITTSBURG, KS					
	KFJX-HD2	14.2	I-M	PITTSBURG, KS					
	KOAM-1	7	Ν	PITTSBURG, KS					
	KUAWI-T	-							
	KOAM-1 KOAM-HD1	7	N-M						
				PITTSBURG, KS					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
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	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					
	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					
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	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					
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	KOAM-HD1	7	N-M	PITTSBURG, KS					
	KODE-1	12	N	JOPLIN, MO					
	KODE-HD1	12	N-M	JOPLIN, MO					
	KOZJ-1	26	E	JOPLIN, MO					
	KSNF-1	16	N	JOPLIN, MO					

EGAL NAME OI								SYSTEM 0253
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou rm.	y the sys be rece t the Co	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.	t the system's he system's FM ant	eadend, and (2 enna, during c	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing ive the station	he statio ion's sig g a chec n's locati	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/1						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					025311
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	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 y	our cable sy	stem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, o	r authorizatio	ons. For a further
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions i	n the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable systen	n carry, on a substitute ba	isis, any nonr	network te	evision pro	gr <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
i i ografit Eog	-				() ()			
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	plete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				s wherever p	ossible, if	their meanir	ng is
				/ision program ("substitute	e program") ti	hat during	the accour	ntina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for fu	rther inform	ation.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy	" or
	"NBA Basketball: 76ers vs.		depet live onto	or "Voo." Othorwigo optor "	"No."			
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which the		censed by	the FCC or	, in
	the case of Mexican or Car			2		,		
			when your sys	stem carried the substitute	e program. U	se numera	lls, with the	month
	first. Example: for May 7 giv		a aubatituta ar		r aabla avata	n. Liattha	times see	ratalı
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01				
	stated as "6:00–6:30 p.m."	Example: (a program can			.20.00 p.m	n. onoura be	
		er "R" if the	listed progran	n was substituted for prog	ramming that	your syst	em was <i>req</i>	uired
	to delete under FCC rules a	and regulati	ions in effect d		d; enter the l	etter "P" if	the listed p	rogram
								- 3
		nming that		uring the accounting perio as permitted to delete und				5
	was substituted for progran effect on October 19, 1976.	nming that						
		nming that			ler FCC rules		lations in	
	effect on October 19, 1976.	nming that y		as permitted to delete und	ler FCC rules	and regu	lations in	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR DELETION
	effect on October 19, 1976.	UBSTITUT	your system w	as permitted to delete und	ler FCC rules WHE CARRI	and regu N SUBST AGE OCC	Iations in TTUTE CURRED	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	025311
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissio (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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. §	n 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 \$263,8 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. 	300
	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 accounting period is \$52.00.	·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	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 223,367.18	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	\$7.18
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	34.36
	7. Multiply line 6 by .005 (enter figure here)	914.67
	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	914.67
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross respirate from anose K	
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	19.00
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	14.67
	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	934.67
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Cop See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 025311
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	11 259
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
	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: 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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	02531
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest 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	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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