This form is effective be	ginning with the Ja	anuary 1 to June 30,	2017, accounting per	iod (2017/1)
If you are filing for a prior	accounting period, c	contact the Licensing	Division for the correct	form.

SA1-2E Short Form

033171

				Return completed workbook by	
STATEME		FOR COPYRIG	email to		
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
Cable Systems (Short Form) General instructions are located in the first tab 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: (YYY Period 1 = January 1 - June 30	YY/(Period)) 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 t subsidiary, not that of the parent corpora		ry of another corporation, give the full corporate	title of the	

	List any other name or names under which the owner conducts the business of the cable system
--	--

If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single
statement of account and royalty fee payment covering the entire accounting period.

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

		LEGAL NAME OF OWNER/MAILING 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:							
	1	LEXINGTON, MO							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
	-								
		(City, town, state, zip code)							
		· · · · · · · · · · · · · · · · · · ·							

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.

Owner

		FORM SA1-2E. PAGE 1b				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 033171				
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 LEXINGTON	MO				
First Community	NAPOLEON	MO				
Add Rows as Necessary						

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:										2E. PAGE	
Name											03317	
	CEQUEL COMMUNICATIONS LLC										12211	
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES							
E	In General: The information in s		-			transmission se	ervic	e of the	e cable			
. .	system, that is, the retransmission											
Secondary Transmission		pay cable) in space F, not here. All the facts you state must be those existing c d (June 30 or December 31, as the case may be).										
Service: Sub-							le sv	/stem.	broken			
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	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 servi											
	Rate: Give the standard rate c unit in which it is generally billed.											
	category, but do not include disc				ly standard		witri	iin a pa				
	Block 1: In the left-hand block				es of seco	ndary transmiss	sion	service	e that cable			
	systems most commonly provide											
	that applies to your system. Note			-		-						
	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											
	BIOCK 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or three	e-word description	on of	the se	rvice is			
	sufficient.	DCK 1					B	LOCK	2			
		NO. OF							NO. O			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVIC	ЭE	SUBSCRIE	BERS	RATE	
	Residential:		202	50.00								
	Service to first set		283	50.00								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		13	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES	;							
-	In General: Space F calls for rat					your cable syst	em's	s servic	es that were)		
F	not covered in space E, that is, the											
Comisso	service for a single fee. There ar											
Services Other Than	furnished at cost or (2) services amount of the charge and the un											
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.											
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) descrip				inea. List t	nese other serv	ices	in the	ionn of a			
	bher (two- or timee-word) descrip											
		BLOO		ORY OF SER					BLOC			
			CATEG	ORY OF SER	VICE	RATE	C	ATEG	DRY OF SEF	RVICE	RATE	
	CATEGORY OF SERVICE				idontial							
	Continuing Services:		Installa	tion: Non-res	idential							
	Continuing Services: • Pay cable	17.00	Installa • Mot	tion: Non-res el, hotel	idential							
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mot • Con	tion: Non-res el, hotel nmercial	idential							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	17.00	Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial r cable								
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	17.00	Installa • Mot • Con • Pay • Pay	t ion: Non-res el, hotel nmercial r cable r cable-add'l ch								
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	17.00 19.00	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection								
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	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								
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	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 services:								
	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)	17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect		40.00						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	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 services: connect connect								
	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)	17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Out	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	annel	40.00 25.00 99.00						

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM I						
Name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS:									
G Primary ansmitters: Felevision	carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "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 ident									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KCPT-1	19	E	KANSAS CITY, MO						
	KCTV-1	5	N	KANSAS CITY, MO						
	•••••••••••••••••••••••••••••••••••••••									
ows as Necessary	KCWE-1	29	I	KANSAS CITY, MO						
ows as Necessary	KCWE-1 KMBC-1	<u>29</u> 9		KANSAS CITY, MO KANSAS CITY, MO						
ows as Necessary		····	I N I							
ows as Necessary	КМВС-1	9	 N E	KANSAS CITY, MO						
ws as Necessary	КМВС-1 КМСІ-1	9 38	I	KANSAS CITY, MO LAWRENCE, KS						
ws as Necessary	KMBC-1 KMCI-1 KMOS-1	9 38 6	I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO						
ws as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1	9 38 6 50 41	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1	9 38 6 50 41 62	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO						
ws as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1	9 38 6 50 41	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						
Rows as Necessary	KMBC-1 KMCI-1 KMOS-1 KPXE-1 KSHB-1 KSMO-1 KUKC-1	9 38 6 50 41 62 20	l E I	KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KERRVILLE, TX						

EGAL NAME O	F OWNER OF C								SYSTEM I 0331
n General: Lis		tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	i it is carried by monitoring, to prmation abou rm. dentify the call State whether t the radio stati this by placing Sive the station	/ the syst be receiv t the Cop sign of e he statio on's sigr a check d's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. n is AM or FM. hal was electronically processor at mark in the "S/D" column. on (the community to which the the community with which the	t th sys his sed	ne system's hea stem's FM anter point, see page by the cable sy station is license	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
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						FORM	1 SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	.C					033171	
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG					
Substitute	In General: In space I, identi substitute basis during the ad	fy every non	network televis priod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> stati C rules, regul	ations, or author	rizations. F	or a further	
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special		During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and	broadcast by a distant stati	-	i cable system	carry, on a substitute bac	no, any norma		1 1		
Program Log	-						YES	NO	
	Note: If your answer is "No	," leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete th	ne progra	m	
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program.						g tion n.		
	the case of Mexican or Can	adian statio	ons, if any, the		station is ide	ntified).			
			when your sys	tem carried the substitute	program. Us	e numerals, wit	th the mor	nth	
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable system	List the times	accurate	lv	
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."		Rede al museum					-1	
	to delete under FCC rules a			was substituted for progra					
	was substituted for program								
	effect on October 19, 1976.								
					WHE	EN SUBSTITU	TE		
	s	UBSTITUT	E PROGRAM			AGE OCCUR	RED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	ES TO	DELETION	
						_			
						-			
						_			
						_			
						_			
						_			
				·		_			
						_			

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name		SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		033171
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this amounts (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.	sion service ount, see	,204.08 s receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263 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. 	3,800.	
	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 this accounting period is \$52.00.	six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100	0)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	00)	
	1. Enter the employed of group receipts from proces 1/		
	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		
		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:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 033171
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broad 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 and nonbroadcast services	nd.
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 (optiona	al
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner or 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 ider 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 conta 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)] 	1 of space B; or f the cable system as identified tified as owner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ment.
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/24/202	22

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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period: 2022/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CEQUEL COMMUNICATIONS LLC	03317 [,]
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 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 <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	

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.