| 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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

| FOR COPYRIGH | FOFFICE USE ONLY | Return completed workbook by email to |
|---------------|---|--|
| DATE RECEIVED | coplicsoa@copyright.gov | |
| 9/15/2022 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150. |

| Α | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|------------|-------|---|
| | | 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| Accounting | | 20221 Barcode Data Filing Period (optional - see instructions) |
| Period | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |
| | | Check here if this is the system's first 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) |
| | | (Number, state, fural role, apartment, of suite humber) TYLER, TX 75701 (City, town, state, zip) |
| С | INSTR | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| C | names | 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: |
| | - | |
| | | 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.

| Accounting Period: | 2022/1 | FORM SA1-2E. PAGE 1b. | | | | | | | | |
|-----------------------|--|-----------------------|--|--|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | | |
| Hamo | CEQUEL COMMUNICATIONS LLC | 003419 | | | | | | | | |
| 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 Community | CARTHAGE BROOKLYN HEIGHTS | MO MO | | | | | | | | |
| | FIDELITY | MO | | | | | | | | |
| Add Rows as Necessary | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 | | | | | | | | | | |

| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | | 1-2E. PAGE | | |
|---------------------------|---|-----------------|----------|----------------------|---------|------------------|--------------|-----------------------|------------|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | | | | | | | | | | |
| _ | SECONDARY TRANSMISSION | SERVICE: SU | BSCRIE | SERS AND RAT | FS | | | | | | |
| E | In General: The information in s | | | | | transmission se | ervice of th | ie cable | | | |
| . . | system, that is, the retransmission | | | | | | | | | | |
| Secondary Transmission | about other services (including p last day of the accounting period | | | | | | iose existii | ng on the | | | |
| Service: Sub- | Number of Subscribers: Both | | | | | | e system, | broken | | | |
| scribers and | down by categories of secondary | | | • | | | | | | | |
| Rates | each category by counting the nu | | | | | | | charged | | | |
| | separately for the particular serve Rate: Give the standard rate c | | | | | | | e and the | | | |
| | unit in which it is generally billed. | - | - | • | | | - | | | | |
| | category, but do not include disc | | | | | | | | | | |
| | Block 1: In the left-hand block | • | | - | | • | | | | | |
| | systems most commonly provide that applies to your system. Note | | | | | | | | | | |
| | categories, that person or entity | | | U U | | • | | | | | |
| | subscriber who pays extra for ca | | | | | in the count und | er "Servic | e to the | | | |
| | 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, tiers of services that include one or more secondary transmissions), list them, together | | | | | | | | | | |
| | with the number of subscribers a | | | | | | | | | | |
| | sufficient. | | 0 | | | • | | | | | |
| | BLC | DCK 1 NO. OF | | | | | BLOCK | | - T | | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CATI | EGORY OF SEF | RVICE | NO. OF SUBSCRIBERS | RATI | | |
| | Residential: | | | | | | | | | | |
| | Service to first set | 1 | 1,427 | 50.00 | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | |
| | Commercial | | 69 | 45.95 | | | | | | | |
| | Converter | | | | | | | | | | |
| | • Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | NSMISS | IONS: RATES | | | | | | | |
| F | In General: Space F calls for rat | | | | | | | | | | |
| Г | not covered in space E, that is, the | | | | | | | | | | |
| Services | service for a single fee. There ar furnished at cost or (2) services | • | | | | | • • • | | | | |
| Other Than | amount of the charge and the un | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | | | | | | |
| ransmissions: Rates | 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 | | | | | | | | | | |
| Nates | 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. | | | | | | | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | | | |
| | CATEGORY OF SERVICE | RATE | CATEG | GORY OF SERV | ICE | RATE | CATEG | ORY OF SERVICE | RATE | | |
| | Continuing Services: | | Installa | ation: Non-resi | dential | | | | | | |
| | • Pay cable | 17.00 | | tel, hotel | | | | | | | |
| | • Pay cable—add'l channel | 19.00 | | nmercial | | | | | | | |
| | Fire protection | | | / cable | | | | | | | |
| | •Burglar protection | | | / cable-add'l cha | annel | | | | | | |
| | Installation: Residential | 00.00 | | e protection | | | | | | | |
| | First set | 99.00 25.00 | | glar protection | | | | | | | |
| | Additional set(s) EM radio (if separate rate) | 25.00 | | services: connect | | 40.00 | | | | | |
| | FM radio (if separate rate) Converter | | | connect | | 40.00 | | | | | |
| | - Converter | | | connect | | 25.00 | | | | | |
| | | | - Out | lier relocation | | 20.00 | | | | | |
| | | | • Mov | ve to new addre | 88 | 99.00 | | | | | |

| ccounting Period: 2 | 2022/1 | | | FORM SA1-2E. PAGE 3 | | | | | |
|--|---|--|---|---------------------|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER C | OF CABLE SYSTEM: | | SYSTEM ID# | | | | | |
| | CEQUEL COMMUNIC | | | 003419 | | | | | |
| G Primary Transmitters: Television | PRIMARY TRANSMITTERS: 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 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 the meaning of these to Column 4: Give the location | erms, see page (iv) of the general instru- erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | ctions in the paper SA1-2 form. the community to which the station | is licensed by the | | | | | |
| | | | | | | | | | |
| | KFJX-1 | 14 | | PITTSBURG, KS | | | | | |
| | KFJX-2 | 14.2 | | PITTSBURG, KS | | | | | |
| Add Rows as Necessary | KFJX-HD1 | 14 | I-M | PITTSBURG, KS | | | | | |
| | KFJX-HD2 | 14.2 | I-M | PITTSBURG, KS | | | | | |
| | KOAM-HD1 | 7 | <u>N-M</u> | PITTSBURG, KS | | | | | |
| | KOAM-1 | 7 | N | PITTSBURG, KS | | | | | |
| | KODE-HD1 | | <u>N-M</u> | JOPLIN, MO | | | | | |
| | KODE-1 | 12 | N | | | | | | |
| | KOZJ-1 | 26 | E | JOPLIN, MO | | | | | |
| | KOZJ-HD1 | 26 | E-M | JOPLIN, MO | | | | | |
| | KSNF-1 | 16 | N | JOPLIN, MO | | | | | |
| | KSNF-HD1 | 16 | N-M | JOPLIN, MO | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| LEGAL NAME OF | | | | | | | | SYSTEM I 0034 |
|--|--|--|--|--|--|---|---|----------------------------------|
| | every radio s | tation ca | rried on a separate and discre nerally receivable by your cable | | | | ied on an | 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 ignal, indicate t Column 4: G | it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior | y the sys be recein t the Cop sign of e he static ion's sign a check n's location | I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. In is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the s | the system's hea ystem's FM ante is point, see page ed by the cable se e station is licens | adend, and (2) nna, during ce e (v) of the ge ystem as a se sed by the FCC |) it can b ertain 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 | |
| | | 3,0 | | UNLL SIGN | | 3,0 | LOOATION OF STATION | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Accounting Perio | d: 2022/1 | | | | | | FORM | A SA1-2E. PAGE 5 | | | |
|--------------------------|---|-----------------------|---------------------------|-------------------------------|---------------------|--------------------|-----------|------------------|--|--|--|
| | LEGAL NAME OF OWNER OF O | CABLE SYST | EM: | | | | | SYSTEM ID# | | | |
| Name | CEQUEL COMMUNICA | TIONS LL | .C | | | | | 003419 | | | |
| | SUBSTITUTE CARRIAGE | : SPECIAI | STATEMEN | T AND PROGRAM LOG | | | | | | | |
| | In General: In space I, identit | | | | | | | | | | |
| Substitute | substitute basis during the ac explanation of the programmi | | | | | | | | | | |
| Carriage: | 1. SPECIAL STATEMENT | CONCER | NING SUBSTI | TUTE CARRIAGE | | | | | | | |
| Special Statement and | During the accounting peri | od, did you | cable system | carry, on a substitute basis | s, any nonne | twork television | program | <u> </u> | | | |
| Program Log | broadcast by a distant stat | ion? | | | | | | | | | |
| | Note: If your answer is "No | " leave the | rest of this pag | e blank If vour answer is " | Yes " vou mi | | | | | | |
| | Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS 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 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | vies" or "baske | tball." List specific program | n titles, for ex | ample, "I Love L | _ucy" or | | | | |
| | "NBA Basketball: 76ers vs. | | least live enter | "Yes." Otherwise enter "N | 0 " | | | | | | |
| | | | | sting the substitute program | | | | | | | |
| | Column 4: Give the broa | dcast statio | n's location (th | e community to which the | station is lice | | C or, in | | | | |
| | the case of Mexican or Can | | | | | | 41 | 41- | | | |
| | first. Example: for May 7 giv | | when your syst | em carried the substitute p | orogram. Use | e numerais, with | the mon | เท | | | |
| | | | substitute prog | gram was carried by your c | able system | . List the times a | accuratel | у | | | |
| | to the nearest five minutes. | Example: a | program carrie | ed by a system from 6:01:1 | 5 p.m. to 6:2 | 28:30 p.m. shoul | d be | | | | |
| | stated as "6:00–6:30 p.m." | er "R" if the | listed program | was substituted for progra | mming that w | our system was | required | 4 | | | |
| | to delete under FCC rules a | | | | | | | | | | |
| | was substituted for program | ming that y | our system wa | s permitted to delete under | r FCC rules a | and regulations i | in | | | | |
| | effect on October 19, 1976. | | | | | | | | | | |
| | | | | | WHE | EN SUBSTITUT | ΓE | | | | |
| | S | UBSTITUT | E PROGRAM | | CARR | IAGE OCCURF | RED | 7. REASON FOR | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — | s то | DELETION | | | |
| | | | | | | _ | | | | | |
| | | | | | | _ | | | | | |
| | | | | | | _ | | | | | |
| | | | | | | _ | | | | | |
| | | | | | | _ | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1 | L | L | l | | L | | | | | | |

| Accounting Period: | 2022/1 | | | FORM S | 6. SA1-2E. PAGE 6. | | | | | |
|---|--|----------------------------|-------------------------------------|---|--------------------|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | 5 | SYSTEM ID# | | | | | |
| | | | | | 003419 | | | | | |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 | system's s ion of how t | econdary transm o compute this a | nission service amount, see \$ 43 | | | | | | |
| 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more |) but less th | an \$527,600. | 263,800. | | | | | | |
| | BLOCK 1: GROSS RECEIPTS OF \$1 | 37,100 OR | LESS | | | | | | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00. | | | his 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 li | nes 1 and 2 | | | | | | | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE | ESS (but m | ore than \$137,1 | 00) | | | | | | |
| | 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 | | | | 0.00 | | | | | |
| | | | | | | | | | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 | 63,800 (but | less than \$527 | ,600) | | | | | | |
| | 1. Enter the amount of gross receipts from space K | \$ | 432,362.71 | | | | | | | |
| | 2. Base amount under statutory formula | \$ | 263,800.00 | | | | | | | |
| | 3. Subtract line 2 from line 1 | \$ | 168,562.71 | | | | | | | |
| | 4. Multiply line 3 by .01 | | | 1,685.63 | | | | | | |
| | 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 | | | | 3,004.63 | | | | | |
| | | | | | · | | | | | |
| | FILING FEE AND TOTAL REMITTANCE D | UE | | | | | | | | |
| Filing Fee and Total Remittance Due | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | | . \$ | 3,004.63 | | | | | | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations |) | . \$ | 20.00 | 1 | | | | | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | | \$ | 3,024.63 | | | | | |
| | EFT Trace # or TRANSACTION ID # | | | | | | | | | |
| | Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the | | | | | | | | | |

| Accounting Period: | 2022/1 | | | | | FORM SA1-2E. PA | 4GE 7. |
|------------------------------------|---|--|---|---|--------------------------------|--------------------|---------------|
| Name | | OWNER OF CABLE SYSTEM: IMUNICATIONS LLC | | | | SYSTEN 003 | M ID# 3419 |
| M Channels | to its subscrib 1. Enter the to system carr 2. Enter the to on which th | You must give (1) the numbers, and (2) the cable system tal number of channels on wi ried television broadcast stati tal number of activated chan e cable system carried televia | 's total number of ac nich the cable ons nels sion broadcast statio | tivated channels during the | accounting period. | ons | |
| N Individual to Be Contacted | | TO BE CONTACTED IF FUR | | ON IS NEEDED (Identify an | individual | | |
| for Further Information | Name | RODNEY HASKINS | | | Teleph | one (903) 579-3152 | |
| | Address | 3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip) | - | | | | |
| | Email | RODNEY.HA | SKINS@ALTICEU | SA.COM | Fax (optional | | |
| 0 | CERTIFICATION | I (This statement of account | must be certified and | l signed in accordance with | Copyright Office regulatio | ns) | |
| Certification | | ned, hereby certify that (Check | | | as identified in line 1 of spa | ace B; or | |
| | | nt of owner other than corpo in line 1 of space B and that cer or partner) I am an office | the owner is not a cor | poration or partnership; or | - | | |
| | are true, comp | in line 1 of space B. ed the statement of account ar lete, and correct to the best of ction 1001(1986)] | | | | rein | |
| | | | Enter an electronic | in Dannenbaum signature on the line above to ng an "/s/ signature" (e.g., /s, | | | |
| | | Typed or print | ed name: ALAN | DANNENBAUM | | | |
| | | Title: | SVP, PROGR | AMMING eld 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 | 003419 |
| 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 | P Special Statement Concerning Gross Receipts Exclusion |
| made by satellite carriers to satellite dish owners? | |
| X NO | |
| YES. Enter the total here and list the satellite carrier(s) below | |
| 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. Line 1 Enter the amount of late payment or underpayment | Q |
| | |
| 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 | |
| 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 | |
| (interest charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. | |
| Owner | |
| Address | |
| | |
| | |
| ID number | |
| ID number First community served Accounting period | |

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.