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

for Secondary Transmissions by Cable Systems (Short Form)       DATE RECEIVED       AMOUNT       collicion@copyright.acv         General instructions are located in the first tab of this workbook.       9/15/2022       \$       collicion@copyright.acv         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY(Period))       Collicion@copyright.acv       Collicion@copyright.acv         20221       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31       Collicion@copyright.acv         20221       Beroode Data Filing Period (optional - see instructions)       Collicion@copyright.acv       Collicion@copyright.acv         Accounting Period       Instructions: Collect table system (this the owner of the cable system. If the owner is a subsidiary of another corporation, give the full copyright table of the subsidiary of another corporation, give the full copyright table of the owner of the cable system.       Distance         B       Conver       Ust any other name or names under which the owner conducts the business of the cable system.       Distance         Ust any other name or names under which the owner conducts the business of the cable system.       Distance       Distance         Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division.       Distance         Ust any other name or names under which the owner or cables system (Distance       Distance       Distance         Courser       Letal. Name of Or Ow	STATEM	ENT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to			
Cable Systems (Short Form) <ul> <li>General instructions are located in the first tab of this workbook.</li> <li>9/15/2022</li> <li>ALLOCATION NUMBER</li> </ul> For additional information of the system of the sys			DATE RECEIVED	AMOUNT			
Accounting Period       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Z0221       Barcode Data Filing Period (optional - see instructions)         Accounting Period       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.         Ust 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.       033342         Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division.       033342         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323         INSTRUCTIONS:       MAILING ADDRESS OF Trade system(IF DIFFERENT) SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF Trade names used to identify the business and operation of the system unless these names already appear in aspece B. In line 2, give the mailing address of the business and operation of the system unless these names already appear in aspece B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       DENTIFICATION OF CABLE SYSTEM:	Cable Syste	ems (Short Form) uctions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150		
Accounting Period	Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))			
Accounting Period       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.         B       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.       Image: Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.       Image: Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.       Image: Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.       Image: Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.       Image: Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.       Image: Check here if this is the system's first filing. If not, enter the system is a subsidiary of another corporation.       Image: Check here if this is the system's first filing. If not, enter the system is a counting period.       Image: Check here if this is the system is a counting period.       Image: Check here if this is the system.       Image: Check here if this is the system is a counting period.       Image: Check here if this is the system is a counting period.       Image: Check here if this is the system is a counting period.		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
Period         B       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.       DB35342         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       DB35342         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC       BUSINESS NAME(S) OF OWNER 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, Steel, Und route, agarimeth, or submember) TYLER, TX 75701 (City, burn, state, zip)       Mail mode of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       DENTIFICATION OF CABLE SYSTEM:		202	21 Barcode Data Filing Period (optional	- see instructions)			
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B       subsidiary, not that of the parent corporation.         Ust 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.         Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       D35342         Image: LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       EQUEL COMMUNICATIONS LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)       SUDDENLINK COMMUNICATIONS         SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF CABLE SYSTEM (IF DIFFERENT)         SUDDENLINK COMMUNICATIONS       MAILING adDRESS OF OWNER OF CABLE SYSTEM         3027 S SE LOOP 323       MAILING adDRESS OF OWNER OF CABLE SYSTEM         3027 S SE LOOP 323       TYPER							
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Check here it this is the system's tirst tilling. It 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)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1		-			it a single		
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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)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM:							
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TYLER, TX 75701         (City, town, state, zip)         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1							
C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1		TYLER, TX 75701	s number)				
System       1         IDENTIFICATION OF CABLE SYSTEM:			iness or trade names used to iden	tify the business and operation of the sy	stem unless these		
		names already appear in space B. In line	e 2, give the mailing address of the				
	System	1 <b>GRAYSON, KY</b>					

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.

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

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

2

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	CEQUEL COMMUNICATIONS LLC	035342								
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 rule separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, or 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 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 ide city.									
		STATE								
First	CITY OR TOWN GRAYSON	KY								
Community	BOYD COUNTY	КҮ								
	CARTER COUNTY	КҮ								
Add Rows as Necessary										

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							A1-2E. PAGE					
Name	CEQUEL COMMUNICAT	IONS LLC							03534					
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE		FS									
E	In General: The information in s					transmission se	ervice of th	ne cable						
	system, that is, the retransmission													
Secondary	about other services (including p						iose existi	ng on the						
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken													
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in													
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged													
	separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the													
		-	-	•			-							
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.													
	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					• •	•							
	first set" and would be counted o	nce again unde	er "Servi	ice to additional	set(s)."									
	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 and rates, in the right-hand block. A two- or three-word description of the service is													
	sufficient.	nu rates, in the	ingini-na		- or three	-word descriptio	n or the se	ervice is						
	BLC	DCK 1					BLOC		_					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI					
	Residential:						-							
	<ul> <li>Service to first set</li> </ul>		503	50.00										
	<ul> <li>Service to additional set(s)</li> </ul>													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		35	45.95										
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC		SMISS	ONS: RATES										
F	In General: Space F calls for rat													
•	not covered in space E, that is, t service for a single fee. There ar													
Services	furnished at cost or (2) services	•					• • • •							
Other Than	amount of the charge and the un		usually	billed. If any rate	es are cha	arged on a varia	ble per-pro	ogram basis,						
Secondary	enter only the letters "PP" in the		no coblo	evetom for oac	h of tho o	policable convio	a listed							
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not													
	<b>Block 2:</b> 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	-												
		BLO	CK 1			_		BLOCK 2						
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICI	E RATE					
	Continuing Services:			ation: Non-resi	dential									
	• Pay cable	17.00		tel, hotel										
	Pay cable—add'l channel	19.00		nmercial										
	Fire protection			/ cable	nnel									
	•Burglar protection Installation: Residential			v cable-add'l cha e protection	annei									
	• First set	99.00		•										
	Additional set(s)	99.00 25.00		glar protection										
	• FM radio (if separate rate)	25.00		connect		40.00								
	• Converter			connect		40.00								
	Convertor			let relocation		25.00								
	1		Jul	ast relocation		20.00	L							
			• Mov	ve to new addre	ss	99.00								

GPRIMARY TRANSMITIn General: In spac carried by your cable FCC rules and regu 76.59(d)(2) and (4), substitute Basis S basis under specific • Do not list the station her basis. For further int Column 1: List each multicast stream as: "WETA-2" as the sa Column 2: Give the of license. For exam Column 3: Indicate educational station, (for independent mu For the meaning of Column 4: Give the FCC. For Mexican cd Rows as Necessary1. CALL SIG WCHS-1 WCHS-12 WCHS-HD1 WCHS-HD2 WKMR-11 WLPX-11 WLPX-11 WLPX-11 WLPX-11 WLPX-11 WLPX-11 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-3 WSAZ-3 WSAZ-3 WSAZ-1D1	G, identify every television station (including system during the accounting period, <i>except</i> tions in effect on June 24, 1981, permitting th	translator stations and low powers	035										
GIn General: In spac carried by your cable FCC rules and regu 76.59(d)(2) and (4), substitute program IS Substitute Basis S basis under specific • Do not list the statistation was carried a • List the station her basis. For further int Column 1: List each multicast stream as: "WETA-2" as the sa Column 2: Give the of license. For exam Column 3: Indicate educational station, (for independent mu For the meaning of I Column 4: Give the FCC. For Mexican cI Rows as Necessary1. CALL SIG WCHS-1 WCHS-1 WCHS-11 WCHS-12 WKMR-11 WLPX-11 WLPX-11 WLPX-11 WLPX-11 WLPX-11 WLPX-11 WQCW-11 WQCW-11 WQCW-11 WSAZ-11 WSAZ-11 WSAZ-3 WSAZ-HD1	G, identify every television station (including system during the accounting period, <i>except</i> tions in effect on June 24, 1981, permitting th	translator stations and low news t											
G Primary ransmitters: Television Primary ransmitters: Television Primary ransmitters: Television Column 2: Give the of license. For exam Column 1: List each multicast stream ass: "WETA-2" as the sa Column 1: List each multicast stream ass: "WETA-2" as the sa Column 2: Give the of license. For exam Column 3: Indicate educational station, (for independent mu For the meaning of Column 4: Give the FCC. For Mexican co 1. CALL SIG WCHS-1 WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WLPX-1 W	system during the accounting period, <i>except</i> tions in effect on June 24, 1981, permitting th	translator stations and low nowart											
ransmitters: Television Substitute program is Substitute Basis S basis under specific • Do not list the stat station was carried of • List the station her basis. For further int Column 1: List each multicast stream as "WETA-2" as the sa Column 2: Give the of license. For exam Column 3: Indicate educational station, (for independent mu For the meaning of Column 4: Give the FCC. For Mexican co 1. CALL SIG WCHS-1 WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WLPX-1 WLPX-1 WLPX-1 WLPX-1 WLPX-1 WLPX-1 WLPX-1 WLPX-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WSAZ-1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-3	General: In space G, identify every television station (including translator stations and low power television stations) ried 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 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 stitute program basis, as explained in the next paragraph.												
TelevisionSubstitute Basis S basis under specific • Do not list the statistation was carried of • List the station here basis. For further int Column 1: List each multicast stream as: "WETA-2" as the sation Column 2: Give the of license. For exam Column 3: Indicate educational station, (for independent multicast stream) For the meaning of ic Column 4: Give the FCC. For Mexican common 4: Give the FCC. For Mexican 4:	scie of eveloped in the post percent	1(e)(2) and (4))]; and (2) certain sta	ations carried on a										
<ul> <li>Do not list the statistation was carried on the station of the station was carried on the station of the</li></ul>	ations: With respect to any distant stations ca	arried by your cable system on a su	ubstitute program										
<ul> <li>List the station her basis. For further int Column 1: List each multicast stream ass "WETA-2" as the sa Column 2: Give the of license. For exant Column 3: Indicate educational station, (for independent mu For the meaning of Column 4: Give the FCC. For Mexican cont NCHS-1</li> <li>WCHS-1</li> <li>WCHS-2</li> <li>WCHS-HD1</li> <li>WCHS-HD2</li> <li>WKMR-1</li> <li>WKYT-1</li> <li>WLPX-HD1</li> <li>WOWK-1</li> <li>WOWK-11</li> <li>WQCW-1</li> <li>WQCW-1</li> <li>WQCW-1</li> <li>WQCW-1</li> <li>WSAZ-1</li> <li>WSAZ-2</li> <li>WSAZ-3</li> <li>WSAZ-HD1</li> </ul>	FCC rules, regulations, or authorizations: on here in space G—but do list it in space I (th	he Special Statement and Program	ו Log)—if the										
basis. For further int Column 1: List each multicast stream as: "WETA-2" as the sa Column 2: Give the of license. For exam Column 3: Indicate educational station, (for independent multicast stream and educational station, (for independent multicast stream as indicate educational station, (for independent multicast stream as indicate) educational station, (for independent multicast stream as indicate) FCC. For Mexican construction of the strength is indicated by the	n/y on a substitute basis.	d both on a substitute basis and al	as an asma other										
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"WETA-2" as the sa Column 2: Give the of license. For exam Column 3: Indicate educational station, (for independent mu For the meaning of the Column 4: Give the FCC. For Mexican comparison of the Column 4: Give the FCC. For Mexican comparison of the WCHS-1 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-10 WLPX-11 WLPX-11 WQCW-11 WQCW-11 WQCW-12 WQCW-11 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-31 WSAZ-HD1	station's call sign. <i>Do not</i> report origination p ociated with a station according to its over-the	-	-										
Acoust as Necessary Rows as Nec	ne on the form.												
educational station, (for independent mu For the meaning of Column 4: Give the FCC. For Mexican of WCHS-1 WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-1 WLPX-1 WUPX-1 WOWK-1 WOWK-1 WOWK-1 WOWK-1 WQCW-2 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-3	channel number the FCC assigned to the tele ble, WRC is channel 4 in Washington, D.C.	vision station for broadcasting ove	r the air in its community										
(for independent mu For the meaning of Column 4: Give the FCC. For Mexican of WCHS-1 WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-1 WLPX-1 WUPX.1 WUPX.1 WUPX.1 WUPX.1 WOWK-1 WOWK-1 WOWK-1 WOWK-1 WQCW-2 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-3	n each case whether the station is a network s	•											
Column 4: Give the FCC. For Mexican of I. CALL SIG WCHS-1 WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-HD1 WUPX-1 WLPX-HD1 WOWK-1 WOWK-1 WOWK-1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-3	y entering the letter "N" (for network), "N-M" (i icast), "E" (for noncommercial educational), o	or "E-M" (for noncommercial educa											
FCC. For Mexican of 1. CALL SIG WCHS-1 WCHS-2 WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-HD1 WLPX-HD1 WOWK-1 WOWK-1 WOWK-1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-HD1	ese terms, see page (iv) of the general instru ocation of each station. For U.S. stations, list		n is licensed by the										
Rows as Necessary Rows as Necessary Rows as Necessary WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-10 WLPX-10 WLPX-10 WOWK-10	Canadian stations, if any, give the name of th	•	5										
Rows as Necessary Rows as Necessary Rows as Necessary WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-101 WOWK-101 WOWK-101 WOWK-HD1 WQCW-2 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-HD1													
Rows as Necessary Rows as Necessary WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION										
WCHS-HD1 WCHS-HD2 WKMR-1 WKYT-1 WLPX-10 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	8	N	CHARLESTON, WV										
WCHS-HD2 WKMR-1 WKYT-1 WLPX-1 WUPX-HD1 WOWK-1 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	8.2	I-M	CHARLESTON, WV										
WKMR-1 WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	8	N-M	CHARLESTON, WV										
WKYT-1 WLPX-1 WLPX-HD1 WOWK-1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	8.2	I-M	CHARLESTON, WV										
WLPX-1 WLPX-HD1 WOWK-1 WOWK-HD1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	38	E	MOREHEAD, KY										
WLPX-HD1 WOWK-1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	27	N	LEXINGTON, KY										
WOWK-1 WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	29	<u>I</u>	CHARLESTON, WV										
WOWK-HD1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	29	I-M	CHARLESTON, WV										
WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	13	Ν	HUNTINGTON, WV										
WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	13	N-M	HUNTINGTON, WV										
WQCW-HD1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	30	I	PORTSMOUTH, OH										
WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-HD1	30.2	I-M	PORTSMOUTH, OH										
WSAZ-2 WSAZ-3 WSAZ-HD1	30	I-M	PORTSMOUTH, OH										
WSAZ-3 WSAZ-HD1	3	N	HUNTINGTON, WV										
WSAZ-HD1	3.2	N-M	HUNTINGTON, WV										
	3.3	N-M	HUNTINGTON, WV										
	3	N-M	HUNTINGTON, WV										
WTSF-1	61												
WVAH-1	11	1	CHARLESTON, WV										
WVPB-1	33	E	HUNTINGTON, WV										
WVPB-HD1	33	E-M	HUNTINGTON, WV										

CEQUEL CO	MMUNICA								SYSTEM 035
	every radio s	station ca	rried on a separate and discronerally receivable by your cab						н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing ive 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 ( tem whenever it is received a ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	it ti sy: his sec	he system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se 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	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0					2.2		
				-					
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				-					
				_					

Accounting Perio	d: 2022/1						FORM	A SA1-2E. PAGE 5				
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	C					035342				
I	SUBSTITUTE CARRIAGE	-	-									
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further											
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special	During the accounting peri	-			s anv nonnet	work televisio	n program	1				
Statement and	broadcast by a distant stat	•			o, any nonno			× NO				
Program Log	2						YES					
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete th	ne progran	n				
	log in block 2.											
	2. LOG OF SUBSTITUTE											
	In General: List each subst				wherever pos	sible, if their m	neaning is					
	clear. If you need more space Column 1: Give the title			sion program ("substitute p	program") tha	t during the a	ccounting					
	period, was broadcast by a							ion				
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	nformation					
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or					
	"NBA Basketball: 76ers vs.		least live anter	"Vac " Otherwise enter "N	- "							
				"Yes." Otherwise enter "N sting the substitute program								
				e community to which the		nsed by the F	CC or. in					
	the case of Mexican or Can						,					
			when your syst	em carried the substitute p	orogram. Use	numerals, wit	h the mon	th				
	first. Example: for May 7 giv					1 :						
	to the nearest five minutes.			gram was carried by your o				У				
	stated as "6:00–6:30 p.m."		program carne		15 p.m. to 0.2	0.50 p.m. sno						
		er "R" if the	listed program	was substituted for program	mming that y	our system wa	as required	d				
	to delete under FCC rules a							am				
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules a	nd regulations	s in					
	effect on October 19, 1976.											
					WHE	JTE						
	S	UBSTITUT	E PROGRAM		CARRI		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. TIM FROM —	ES TO	DELETION				
						_						
			+									
						_						
						_						
			+									
						—						
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						_						
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						—						

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC				035342
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	secondary transm to compute this a	nission service amount, see	1,074.02
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	0 but less th information	nan \$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	ines 1 and 2	2	· · <u> </u>	
	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	53,800 (but	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	291,074.02		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	27,274.02		
	4. Multiply line 3 by .01			272.74	
	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		-		1,591.74
					.,
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		. \$	1,591.74	
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			\$	1,611.74
	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. PAGE
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC						SYSTEM II 03534
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	You must give (1) the numbers, and (2) the cable system otal number of channels on wiried television broadcast station tal number of activated chan e cable system carried television adcast services	's total number hich the cable ons nels sion broadcast s	of activated channels dur	ring the ac	ccounting period.	]	21 213
N Individual to		TO BE CONTACTED IF FUR to about this statement of acc		IATION IS NEEDED (Ider	ntify an ind	dividual		
Be Contacted for Further Information	Name	RODNEY HASKINS				Τ	elephone	(903) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, app TYLER, TX 75701 (City, town, state, zip)	-	imber)				
	Email	RODNEY.HA	SKINS@ALTI	CEUSA.COM		Fax (optional		
	CERTIFICATION	<b>I</b> (This statement of account	must be certified	d and signed in accordan	ice with Co	opyright Office req	gulations)	
O Certification		ned, hereby certify that (Check			system as	s identified in line 1	of space B	; or
		nt of owner other than corpo in line 1 of space B and that icer or partner) I am an office in line 1 of space B.	the owner is not	a corporation or partnersh	nip; or			
	are true, comp	ed the statement of account ar lete, and correct to the best of ction 1001(1986)]					ned herein	
			Enter an elect	/ Alan Dannenbaum cronic signature on the line a re using an "/s/ signature" (d	above to ce		t.	
		Typed or print	ed name: Al	LAN DANNENBAUI	м			
		Title:		DGRAMMING	nership)			
		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
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	035342
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> </ul>	<b>P</b> Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       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
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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	

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.