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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located	DATE RECEIVED 9/15/2022	AMOUNT \$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
Λ			

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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)
		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 is 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:
		RIFLE CORRECTIONAL FACILITY
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	040673
	Instructions: List each separate community served by the cable system. A	
-	"a separate and distinct community or municipal entity (including unincor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, o	
Area	identified city.	
Served		
		STATE
First Community	RIFLE	СО
Community	(RIFLE CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FUI	SYST	EN ID	
Name										)4067	
Е	SECONDARY TRANSMISSION							<b>.</b>			
-	In General: The information in s system, that is, the retransmission										
Secondary	about other services (including p										
Transmission	last day of the accounting period							ing on the			
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call	for the numbe	r of subso	ribers to the cal	ole system	, broken			
scribers and	down by categories of secondar										
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	-	-	•				-	P		
	category, but do not include disc	· · ·	,		iy standa		5 Within a		C		
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servio	ce that cable			
	systems most commonly provide	e to their subso	ribers. G	ive the numbe	r of subso	cribers and rate	for each lis	sted category	/		
	that applies to your system. Not	t <b>e:</b> Where an in	dividual	or organizatior	is receiv	ing service that	falls under	different			
	categories, that person or entity						•		ıl		
	subscriber who pays extra for ca					d in the count un	der "Servi	ce to the			
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a						,.				
	sufficient.	,	5								
	BL	OCK 1					BLOCK		-		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	VICE	NO. OF SUBSCRIE		RATI	
	Residential:										
	Service to first set		0	-							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
			24	42.44							
	Commercial		24	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		NSMISS								
_	In General: Space F calls for ra					Il your cable sys	tem's serv	rices that we	re		
F	not covered in space E, that is, t										
	service for a single fee. There a	•			•		• • • •				
Services	furnished at cost or (2) services										
	amount of the charge and the ur		usually	oilled. If any ra	tes are ch	narged on a vari	able per-pi	ogram basis	6,		
Other Than	and an and a the all attends (DD) in the						es listed				
Secondary	enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra		he cable	system for ea	ch of the	applicable servid					
Secondary ransmissions:	Block 1: Give the standard ra	te charged by t						were not			
Secondary		te charged by t t your cable sys	stem furr	nished or offere	ed during	the accounting	period that				
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha	te charged by t t your cable sys separate charg	stem furi je was m	hished or offere ade or establis	ed during	the accounting	period that				
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	te charged by t t your cable sys separate charg ption and inclue	stem furr je was m de the ra	hished or offere ade or establis	ed during	the accounting	period that	e form of a	٢2		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem furr je was m de the ra CK 1	hished or offere ade or establis	ed during shed. List	the accounting	period that vices in the			RATE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn ge was m de the ra CK 1 CATEG	hished or offere ade or establis te for each.	ed during shed. List /ICE	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn ge was m de the ra CK 1 CATEG Installa	hished or offere ade or establis te for each.	ed during shed. List /ICE	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sys separate charg ption and includ BLO0	stem furr ge was m de the ra CK 1 CATEG Installa • Mote	hished or offere ade or establis te for each. ORY OF SER\ tion: Non-resi	ed during shed. List /ICE	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn ge was m de the ra CK 1 CATEG Installa • Mote • Com	hished or offere ade or establis te for each. DRY OF SER\ <b>DRY OF SER\</b> tion: Non-resi	ed during shed. List /ICE	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn ge was m de the ra CK 1 CATEG Installa • Mote • Com • Pay	hished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel imercial cable	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sys separate charg ption and includ BLO0	stem furri e was m de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mote • Corr • Pay • Pay	hished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel imercial cable cable-add'l cha	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn e was m de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	hished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel imercial cable cable-add'l cha protection	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATI	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn ge was m de the ra <u>CK 1</u> <u>CATEG</u> Installa • Moto • Con • Pay • Pay • Fire • Burg	hished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel imercial cable cable-add'l cha protection ilar protection	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATE	
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Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn ge was m de the ra CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burç Other s • Rec	hished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel umercial cable cable-add'l cha protection lar protection ervices: ponnect	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATI	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn ge was m de the ra CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burg Other s • Rec • Disc	hished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l chi protection plar protection ervices: onnect onnect	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sys separate charg ption and includ BLO0	stem furn ge was m de the ra CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burg Other s • Rec • Disc	hished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel umercial cable cable-add'l cha protection lar protection ervices: ponnect	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCI		RATI	

counting Period: 2	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNIC	ATIONS LLC		040673
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te	Ilso in space I, if the station was carried n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o rms, see page (iv) of the general instru	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form.	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast).
		n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	2	
		10	E	
	KBDI-1	12	E	BROOMFIELD, CO
	KCEC-1	14		DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1	14 4	l	DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1	14 4 31	I N I	DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1	14 4 31	I N I	DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO
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dd Rows as Necessary	KCEC-1 KCNC-1 KDVR-1 KMGH-1	14 4 31 7	         	DENVER, CO DENVER, CO DENVER, CO DENVER, CO

receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, <b>Tran</b>	н
<ul> <li>Transformation about the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Poper SA1-2 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).</li> </ul>	
	Primary ansmitter: Radio
Directorian	
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Accounting Perio	od: 2022/1						FORM	I SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					040673
	SUBSTITUTE CARRIAGE				G			
1	In General: In space I, ident	-	-			tion that vo	ur cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did yoι	ır cable syster	n carry, on a substitute ba	sis, any noni	network te <u>le</u>	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
	-		root of this no	ao blonk. If your onowor is	"Voo" vouu		_	
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	must comple	ete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			ate line. Use abbreviations	s wherever p	ossible if th	eir meaning	ı is
	clear. If you need more spa				, mererer b			,
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter '				
				asting the substitute progr he community to which th		consod by t	he ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the n	nonth
	first. Example: for May 7 giv					1.1.1		
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	icu by a system nom 0.01	. 10 p.m. to c			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.	• •	our system w	as permitted to delete und		s and regula		
						N SUBSTI		
	51							7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	<ol> <li>STATION'S CALL SIGN</li> </ol>	4. STATION'S LOCATION	5. MONTH AND DAY		— ТО	
							_	
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Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC		040673
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission servic amount, se	¢ 6,164.46
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	nis 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 \$137,10	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 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	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 #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040673
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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 .	s 
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 Telephor	ne (903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he 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)]</li> </ul>	ce B; or ole system as identified owner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
	Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING         (Title of official position held in corporation or partnership)	
	Date: 8/23/2022	

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.

unting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	04067
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusio
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X       NO         YES. Enter the total here and list the satellite carrier(s) below       \$	
Name Name 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.	Q
	Q Interest Assessme
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	L Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
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