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		FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook.		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
		9/15/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
		D BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	

20221 Barcode Data Filing Period (optional - see 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

If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a

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

		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.	004263
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		VERNON, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Privacy Act Notice	· Section	a 111 of Title 17 of the United States Code authorizes the Convision Office to collect the personally identifying information (DII) requested on this	

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

Β

Owner

Instructions:

of the subsidiary, not that of the parent corporation.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Nume	CEQUEL COMMUNICATIONS LLC	004						
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpore discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including sing t you list will serve as a form of system identification hereafter kno lings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	mobile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	VERNON	ТХ						
Community								
dd Rows as Necessary								

	1							FORM SA1-					
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							TEM ID 00426				
	CEQUEL COMMUNICATIONS LLC												
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	BERS AND R	ATES								
E	In General: The information in s	•		-		•							
Cocondom	system, that is, the retransmission					,							
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).												
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken												
scribers and	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). Rate: 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	-	-	•				-					
	category, but do not include disc	· ·			ny standa		o within a						
	Block 1: In the left-hand block	t in space E, th	e form l	ists the catego	ries of sec	condary transmis	sion servi	ce that cable					
	systems most commonly provide												
	that applies to your system. Not			-		-							
	categories, that person or entity subscriber who pays extra for ca						•						
	first set" and would be counted of												
	Block 2: If your cable system	-		•									
	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 descript sufficient.							service is					
	BL(BLOCK	< 2								
		NO. OF			CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE				
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	EKS	RATE	CAT	EGORT OF SEP	VICE	SUBSCRIBERS	RAIL				
	Service to first set		533	50.00									
	Service to additional set(s)		555	50.00									
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial		32	45.95									
	Converter		32	45.55									
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s								
F	In General: Space F calls for ra	te (not subscril	oer) info	rmation with re	spect to a	all your cable sys	tem's serv	vices that were					
Г	not covered in space E, that is, t												
Services	service for a single fee. There and furnished at cost or (2) services	•			•		0.0	,					
Other Than	amount of the charge and the ur												
Secondary	enter only the letters "PP" in the		,	,		5		5 ,					
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.												
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not												
	listed in block 1 and for which a separate charge was made or established. List these other ser brief (two- or three-word) description and include the rate for each.												
								BLOCK 2					
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE				
	Continuing Services:			ation: Non-res									
	• Pay cable	17.00	• Mo	tel, hotel									
	• Pay cable—add'l channel	19.00		nmercial									
	Fire protection		•Pa	cable									
	•Burglar protection		-	/ cable-add'l ch	annel								
	Installation: Residential		-	e protection									
	First set	99.00		glar protection									
	 Additional set(s) 	25.00		services:									
	• FM radio (if separate rate)			connect		40.00							
	• Converter			connect									
			•										
			• Out	let relocation		25.00							
				let relocation	ess	25.00 99.00							

Name	LEGAL NAME OF OWNER C	DF CABLE SYSTEM:		SYSTE						
Name	CEQUEL COMMUNIC	CATIONS LLC		00						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on	I also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form.	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a si he Special Statement and Program d both on a substitute basis and al see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream						
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION		4. LOCATION OF STATION						
	KAUZ-1	6	N	WICHITA FALLS, TX						
	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
ows as Necessary	KAUZ-HD1	6	N-M	WICHITA FALLS, TX						
ows as Necessary	KAUZ-HD1 KFDX-1	6 3	N-M N	WICHITA FALLS, TX WICHITA FALLS, TX						
ows as Necessary										
ows as Necessary	KFDX-1	3	N	WICHITA FALLS, TX						
ows as Necessary	KFDX-1 KFDX-3	3.3	N I-M	WICHITA FALLS, TX WICHITA FALLS, TX						
ows as Necessary	KFDX-1 KFDX-3 KFDX-HD1 KFDX(KJBO)-2	3 3.3 3 3.2	N I-M	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX						
ows as Necessary	KFDX-1 KFDX-3 KFDX-HD1 KFDX(KJBO)-2 KJTL-1	3 3.3 3 3.2 18	N I-M N-M I I	WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX WICHITA FALLS, TX						
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EGAL NAME OI									SYSTEM 004
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Ic	it is carried by monitoring, to prmation abou rm. lentify the call	y the sys be rece It the Co	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM.	at e s	t the system's he system's FM ant	eadend, and (enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitter Radio
ignal, indicate Column 4: G	this by placing live the statior	g a chec n's locati	nal was electronically proces k mark in the "S/D" column. on (the community to which th the community with which th	th	e station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Г	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOKHON OF STATION	t	UNLE UIGN		5,0		
				-					
				-					
				-					
				-					
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				1					
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				1					
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				L					
				-					
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Accounting Perio	od: 2022/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				004263
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every noi	nnetwork televi	<i>sion program,</i> broadcast by	a distant sta	tion, that your cable sys	tem carried on a
	substitute basis during the a						
Substitute	explanation of the programm				ne general ins	structions in the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-					
Statement and	 During the accounting per 		ur cable system	n carry, on a substitute ba	sis, any noni	network television prog	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	nust complete the prog	gram
	log in block 2.			o			
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst				wherever p	ossible, if their meanin	g is
	clear. If you need more spa						
	period, was broadcast by a			vision program ("substitute our cable system substitut			
	under certain FCC rules, re						
	Do not use general categor	ies like "mo					
	"NBA Basketball: 76ers vs.				NI - 7		
				er "Yes." Otherwise enter " asting the substitute progr			
				he community to which the		censed by the FCC or,	in
	the case of Mexican or Car						
		,	when your sys	stem carried the substitute	e program. U	se numerals, with the r	nonth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by your	cable syste	m List the times accur	ately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
				n was substituted for progr			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.	• •	, ,	I		5	
	9	IBSTITLIT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
			·		 		n

Accounting Period:	2022/1 FC	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
INAIIIE	CEQUEL COMMUNICATIONS LLC	004263
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the figure you give in this space determines the form you file and the amount you pay. Enter the figure you give in this space by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$	service
	COPYRIGHT ROYALTY FEE	
Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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.)
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	-
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-maccounting period is \$52.00.	onth
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K \$ 145,666.69	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 145,666.	.69
	5. Enter the amount from line 3	. <u>31</u>
	6. Subtract line 5 from line 4	.38
	7. Multiply line 6 by .005 (enter figure here)	137.67
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	137.67
	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	
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	.67
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	157.67
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyr See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	-

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004263
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	14 230
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	B; or system as identified wner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/24/2022	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ounting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00426
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below.	-
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
×	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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.	
OwnerAddress	
ID number First community served	
Accounting period	
	1

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