This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
9/15/2022	\$ ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20221 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							
В	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	NSTRUCTIONS: 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 IDENTIFICATION OF CABLE SYSTEM:							
	BRECKENRIDGE, TX							
	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.

		FORM SA1-2E. PAGE 1b							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	004319							
	Instructions: List each separate community served by the cable system. A "co								
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
Area		nobile home parks should be reported in parentheses below the identified							
Served	city.								
	CITY OR TOWN	STATE							
First	BRECKENRIDGE	TX							
Community									
Add Rows as Necessary									

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

004319

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CEQUEL COMMUNICATIONS LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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. (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 in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	COBCONIDENC	TOTTE	CATEGORY OF GERVIOL	COBCONIBENC	TOTTE	
Service to first set	640	50.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	25	45.95				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential				
• Pay cable	17.00	Motel, hotel				
 Pay cable—add'l channel 	19.00	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	99.00	Burglar protection				
 Additional set(s) 	25.00	Other services:				
 FM radio (if separate rate) 		Reconnect	40.00			
Converter		Disconnect				
		Outlet relocation	25.00			
		Move to new address	99.00			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004319

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

KERA-HD1 13 E-M DALLAS, TX KIDZ-1 42 I ABILENE, TX KPCB-1 17 I SNYDER, TX KRBC-1 9 N ABILENE, TX KRBC-HD1 9 N-M ABILENE, TX KTAB-1 32 N ABILENE, TX KTAB-2 32.2 I-M ABILENE, TX KTAB-3 32.3 I-M ABILENE, TX KTAB-HD1 32 N-M ABILENE, TX KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXXY-1 15 I ABILENE, TX	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KIDZ-1 42 I ABILENE, TX KPCB-1 17 I SNYDER, TX KRBC-1 9 N ABILENE, TX KRBC-HD1 9 N-M ABILENE, TX KTAB-1 32 N ABILENE, TX KTAB-2 32.2 I-M ABILENE, TX KTAB-3 32.3 I-M ABILENE, TX KTAB-HD1 32 N-M ABILENE, TX KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KERA-1	13	E	DALLAS, TX
KPCB-1 17 I SNYDER, TX KRBC-1 9 N ABILENE, TX KRBC-HD1 9 N-M ABILENE, TX KTAB-1 32 N ABILENE, TX KTAB-2 32.2 I-M ABILENE, TX KTAB-3 32.3 I-M ABILENE, TX KTAB-HD1 32 N-M ABILENE, TX KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KERA-HD1	13	E-M	DALLAS, TX
KRBC-1 9 N ABILENE, TX KRBC-HD1 9 N-M ABILENE, TX KTAB-1 32 N ABILENE, TX KTAB-2 32.2 I-M ABILENE, TX KTAB-3 32.3 I-M ABILENE, TX KTAB-HD1 32 N-M ABILENE, TX KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KIDZ-1	42	I	ABILENE, TX
KRBC-HD1 9 N-M ABILENE, TX KTAB-1 32 N ABILENE, TX KTAB-2 32.2 I-M ABILENE, TX KTAB-3 32.3 I-M ABILENE, TX KTAB-HD1 32 N-M ABILENE, TX KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KPCB-1	17	I	SNYDER, TX
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KTAB-2 32.2 I-M ABILENE, TX KTAB-3 32.3 I-M ABILENE, TX KTAB-HD1 32 N-M ABILENE, TX KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KRBC-HD1	9	N-M	ABILENE, TX
KTAB-3 32.3 I-M ABILENE, TX KTAB-HD1 32 N-M ABILENE, TX KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KTAB-1	32	N	ABILENE, TX
KTAB-HD1 32 N-M ABILENE, TX KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KTAB-2	32.2	I-M	ABILENE, TX
KTXS-1 12 N SWEETWATER, TX KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KTAB-3	32.3	I-M	ABILENE, TX
KTXS-2 12.2 I-M SWEETWATER, TX KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KTAB-HD1	32	N-M	ABILENE, TX
KTXS-3 12.3 I-M SWEETWATER, TX KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KTXS-1	12	N	SWEETWATER, TX
KTXS-4 12.4 I-M SWEETWATER, TX KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KTXS-2	12.2	I-M	SWEETWATER, TX
KTXS-HD1 12 N-M SWEETWATER, TX KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KTXS-3	12.3	I-M	SWEETWATER, TX
KXTX-1 39 I DALLAS, TX KXVA-1 15 I ABILENE, TX	KTXS-4	12.4	I-M	SWEETWATER, TX
KXVA-1 15 I ABILENE, TX	KTXS-HD1	12	N-M	SWEETWATER, TX
	KXTX-1	39	l	DALLAS, TX
KXVA-HD1 15 I-M ABILENE, TX	KXVA-1	15	l	ABILENE, TX
	KXVA-HD1	15	I-M	ABILENE, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004319

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters:

Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by 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. paper SA1-2 form.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **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.
- **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).

)	LOCATION OF STATION	 7.11.01.11	3,0	
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A	d. 2022 /s							NA 0 0 4 0 5 5 5 5 5
Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF	CABLE SYST	·FM·				FOR	SYSTEM ID#
Name	CEQUEL COMMUNICA							004319
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceptanation of the programmi 1. SPECIAL STATEMENT	fy every non ecounting pe ng that mus	network televisi eriod, under spe t be included in NING SUBSTI	ion program, broadcast by cific present and former FC this log, see page (v) of the ITUTE CARRIAGE	a distant statio C rules, regula e general instru	itions, or au actions in th	uthorizations. ne paper SA1-	For a further 2 form.
Statement and	During the accounting period	•	r cable system	carry, on a substitute bas	is, any nonnet	work telev	vision prograr	
Program Log	broadcast by a distant station?							NO
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program							
	period, was broadcast by a under certain FCC rules, reponent to the program and the case of Mexican or Calumn 4: Give the broadthe case of Mexican or Cancolumn 5: Give the monofirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s idcast static adian statio th and day e "5/7." es when the Example: a er "R" if the ind regulatio	om on a separa add additional representation and that your authorizations vies" or "basked cast live, enterestation broadca on's location (the one, if any, the content of the program carried is program carried is the program carried is the program carried is the program one in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the genetall." List specific program "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	program") that ad for the program titles, for eximals. No." and station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that yd; enter the let	t, during the ramming of the for furth ample, "I Lessen by the tiffied). List the time are also p.m. our systen ter "P" if the	ne accounting of another state information ove Lucy" or see FCC or, in with the momes accurate should be a was required to listed programme.	otion n. nth ely
	·	I IBSTITI IT	E PROGRAM				SUBSTITUTE GE OCCURRED 7. REASON F	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
		 			-			
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Accounting Period:	2022/1		FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM II 00431
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	s secondary transr v to compute this	nission service amount, see	1,791.64
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less see page (vi) of the general instructions located in the paper SA1-2 form for more information	than \$527,600.	:263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00.		this 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 lines 1 and	12	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,	100)	
	Base amount under statutory formula	263,800.00	_	
	Enter amount of gross receipts from space K	171,791.64		
	3. Subtract line 2 from line 1		-	
			-	
	Enter the amount of gross receipts from space K		171,791.64	
	5. Enter the amount from line 3		92,008.36	
	6. Subtract line 5 from line 4	\$	79,783.28	
	7. Multiply line 6 by .005 (enter figure here)		\$	398.92
	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		\$	398.92
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527	7,600)	
	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			
	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	S		
	FILING FEE AND TOTAL REMITTANCE DUE			
	TENOTE PARA TOTAL NEW TANGE BUL			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	398.92	
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		\$	418.92
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment pays. See page i of the general instructions in the paper SA1-2 form and the Excel in:			

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.					
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC		SYSTEM ID# 004319					
M Channels	to its subscriber	s, and (2) the cable system's total r	nnels on which the cable system carried television broadcast stations number of activated channels during the accounting period.	18					
	on which the	I number of activated channels cable system carried television broadcast services	adcast stations	275					
N Individual to Be Contacted		BE CONTACTED IF FURTHER II about this statement of account.)	NFORMATION IS NEEDED (Identify an individual						
for Further Information	Name	RODNEY HASKINS	Telephone	(903) 579-3152					
	Address 	3027 S SE LOOP 323 (Number, street, rural route, apartment, o TYLER, TX 75701 (City, town, state, zip)	suite number)						
	Email	RODNEY.HASKINS@	DALTICEUSA.COM Fax (optional						
O Certification		This statement of account must be	certified and signed in accordance with Copyright Office regulations) t only one, of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified								
	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 owner of the cable system in line 1 of space B.								
		e, and correct to the best of my know	declare under penalty of law that all statements of fact contained herein vledge, information, and belief, and are made in good faith.						
			/s/ Alan Dannenbaum an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)						
		Typed or printed name	e: ALAN DANNENBAUM						
			P, PROGRAMMING ficial 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.

FORM SA1-2E. PAGE 8. Accounting Period: 2022/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 004319 CEQUEL COMMUNICATIONS LLC 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-P 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-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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? X NO 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. Interest Assessment 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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