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 COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.	9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
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A	ACC	OUNTING 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			
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.	061707
		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)	
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM: SCI PHOENIX	
		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.

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Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	061707
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area	as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
Served	identified city.	
	CITY OR TOWN	STATE
First Community	GRATERFORD	
community	(SCI PHOENIX)	
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGE
Name								01	06170
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission s	service of t	he cable	
—	system, that is, the retransmissi								
Secondary	about other services (including								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	•					-		
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv			0 ) (		1 0		charged	
	Rate: Give the standard rate of	-	-	•					
	unit in which it is generally billed	• •	,		ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	e that cable	
	systems most commonly provide	•		Ũ					
	that applies to your system. <b>Not</b>								
	categories, that person or entity						•		
	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,	-		•					
	with the number of subscribers						,		
	sufficient.							-	
	BLO	OCK 1 NO. OF	· · · · ·				BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		735	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
_	In General: Space F calls for ra					Il vour cable svs	tem's serv	ices that were	
F	not covered in space E, that is,								
	service for a single fee. There a	•			•		• • • •		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	oilled. If any ra	tes are cr	harged on a varia	able per-pi	ogram basis,	
Fransmissions:	Block 1: Give the standard ra		the cable	system for ea	ch of the	applicable servio	ces listed.		
Rates	Block 2: List any services that	• •			-	• ·			
	listed in block 1 and for which a	•			shed. List	these other serv	vices in the	e form of a	
	brief (two- or three-word) descri	ption and inclue	de the ra	te for each.			T		
		BLO						BLOCK 2	
			CATEC				CATEGO	DRY OF SERVIC	E RATE
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE			
	Continuing Services:	RATE	Installa	tion: Non-resi		RATE			
	Continuing Services: • Pay cable	RATE	Installa • Mote	t <b>ion: Non-resi</b> el, hotel		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE - -	Installa • Mote • Corr	t <b>ion: Non-resi</b> el, hotel ımercial		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mote • Com • Pay	t <b>ion: Non-resi</b> el, hotel mercial cable	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mote • Com • Pay • Pay	tion: Non-resi el, hotel mercial cable cable-add'l cha	dential	KATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installa • Mote • Com • Pay • Pay • Fire	tion: Non-resi el, hotel Imercial cable cable-add'l cha protection	dential	KATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installa • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-resi el, hotel Imercial cable cable-add'l ch: protection glar protection	dential	KATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mote • Com • Pay • Pay • Fire • Burg Other s	tion: Non-resi el, hotel imercial cable cable-add'l chi protection glar protection ervices:	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installa • Mote • Com • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-resi el, hotel imercial cable cable-add'l cha protection glar protection ervices: ponnect	dential	-			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices: onnect onnect	dential	-			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installar • Mote • Corr • Pay • Pay • Fire • Burg Other s • Recc • Disc • Outl	tion: Non-resi el, hotel imercial cable cable-add'l cha protection glar protection ervices: ponnect	dential annel	-			

counting Period:	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNIC	ATIONS LLC		061707
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster 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 t <b>Column 2</b> : Give the channe of license. For example, WF <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	FCC. For Mexican or Canao	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	he community with which the statio	n is identified. 4. LOCATION OF STATION
	KYW-1	3	N	PHILADELPHIA, PA
	WCAU-1	10	N	PHILADELPHIA, PA
dd Rows as Necessary	WCAU-1 WHYY-1	10 12		PHILADELPHIA, PA WILMINGTON, DE
dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
dd Rows as Necessary.	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
.dd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
ndd Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
Add Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
add Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
Add Rows as Necessary	WCAU-1	10	N	PHILADELPHIA, PA
	WHYY-1	12	E	WILMINGTON, DE
	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA

LEGAL NAME OI								SYSTEM I 0617
	t every radio s	station c	) arried on a separate and disc enerally receivable by your ca					Н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing	y the sy be rece ut the Co I sign of the stati tion's sig g a chec	II-Band FM Carriage: Under stem whenever it is received a sived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces sk mark in the "S/D" column.	at the system's F system's FM ar this point, see p sed by the cable	neadend, and ttenna, during age (v) of the e system as a	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
			ion (the community to which t the community with which the			CC or, i	n the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·/			1		
				·				

	od: 2022/1						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061707
	SUBSTITUTE CARRIAG				6			
1		-	-			tion that w		atawa asymical and a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	· ·	•	, 0	,		
Carriage:					le general in			
Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tel	evision pro	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Notes If your appwor in "No	" loovo tho	root of this no	an blook. If your opowor is	"Voo" vou v	must some	loto the pre	
	Note: If your answer is "No	, leave the	rest of this pa	ige blank. If your answer is	s res, your	must comp	lete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs				s wherever p	ossible, if t	heir meanii	ng is
	clear. If you need more spa						41	4
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					, -	,	
	Column 2: If the program	n was broa	dcast live, ente	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				the community to which the			the FCC or	, in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the	month
	first. Example: for May 7 giv		o cubatituto pr	ogram was carried by you	r cabla cysta	m list the	timos accu	ratoly
	to the nearest five minutes.			ogram was carried by your				
	stated as "6:00–6:30 p.m."		a program can		. 10 p.m. to c	.20.00 p.n		, ,
		er "R" if the	listed progran	n was substituted for prog	ramming that	t your syste	em was <i>req</i>	uired
	to delete under FCC rules a							
	was substituted for program	nming that y	your system w	as permitted to delete und	er FCC rules	s and regul	ations in	-
	effect on October 19, 1976.	_						
		-						
						N SUBST		7. 054000 500
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		7. REASON FOR DELETION
		UBSTITUT			CARRI	AGE OCC	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID#
-			061707
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 service amount, se	7,064.46
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 \$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		<u> </u>
	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 \$137,10	00)	
	1. Base amount under statutory formula		
	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	87,064.46	
	5. Enter the amount from line 3	76,735.54	
	6. Subtract line 5 from line 4	10,328.92	
	7. Multiply line 6 by .005 (enter figure here)	\$	551.64
	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	\$	551.64
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	551.64	
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	\$	571.64
	EFT Trace # or TRANSACTION ID #		
	Important: 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# 061707
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         on which the cable system carried television broadcast stations and nonbroadcast services	ns <b>6</b> <b>44</b>
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 Telephon	ne <b>(903) 579-3152</b>
	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         <ul> <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 call             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> </li> <li> <ul> <li>K /s/ Alan Dannenbaum</li> </ul> </li> </ul>	ace B; or ble system as identified s owner of the cable system
	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
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06170
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 Exclusior
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
I	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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
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