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

STATEM		OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
		ransmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste		2			<u>coplicsoa@copyright.gov</u>
General instru	ctions	s are located	9/15/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab			0/10/22	ALLOCATION NUMBER	(202) 707-8150.
					-
	1				
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			J		
			Paraoda Data Filing Pariod (antional	and instructiona)	
		20221	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent c		diary of another corporation, give the full corp	oorate title
Owner					
Owner		List any other name or names under whic			
		If there were different owners during the single statement of account and royalty for		the last day of the accounting period should sι ting period.	ubmit a
		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	006212
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	F 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 n	umber)		
		TYLER, TX 75701			
		(City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		STUTTGART, AR			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		

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.

City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	CEQUEL COMMUNICATIONS LLC	006
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including sing at you list will serve as a form of system identification hereafter kno filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	r mobile home parks should be reported in parentheses below the
Served	identified city.	
First	CITY OR TOWN STUTTGART	STATE AR
First Community	STUTTGART	AR
Community		
dd Rows as Necessary		
	F	

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							
	CEQUEL COMMUNICAT	FIONS LLC							00621
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period						nose exis	ing on the	
Service: Sub-	Number of Subscribers: Bot						ole system	, broken	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the n	•	<i>.</i>	0,0				charged	
	separately for the particular server Rate: Give the standard rate of					•	,	ro 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	in space E, th	e form l	ists the catego	ies of sec	ondary 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					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descript	on of the s	service is	
		DCK 1					BLOCK	(2	
		NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORT OF SEP	VICE	SUBSCRIBERS	KAI
	Service to first set		568	50.00					
	Service to additional set(s)		300	50.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		44	45.95					
	Converter			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	ll 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		0.0		
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 ra			•		• •			
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) description				SHEU. LISI	lifese olifer ser			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	17.00	• Mot	tel, hotel					
	• Pay cable—add'l channel	19.00		nmercial					
	Fire protection		• Pay	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					
	Conventer								
	Conventer		• Out	let relocation		25.00			
				let relocation	ess	25.00 99.00			

Namo	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM
Name	CEQUEL COMMUNIC	CATIONS LLC			006
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable syste	lentify every television station (including tra em during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the	(1) stations carried only on a part	t-time basis under	
Primary	76.59(d)(2) and (4), 76.61((e)(2) and (4), or 76.63 (referring to 76.61(
ransmitters: Television		as explained in the next paragraph. s: With respect to any distant stations carr	ried bv vour cable system on a s	substitute program	
	basis under specific FCC r	rules, regulations, or authorizations: re in space G—but do list it in space I (the			
	station was carried only or	n a substitute basis.			
		l also in space I, if the station was carried I ion concerning substitute basis stations, se			
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ES	SPN, etc. Identify each	
	"WETA-2" as the same on		C 1 1 1		
		nel number the FCC assigned to the televis VRC is channel 4 in Washington, D.C.	ision station for broadcasting ove	er the air in its community	
	Column 3: Indicate in each	ch case whether the station is a network sta	-		
	(for independent multicast)	tering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or	"E-M" (for noncommercial educa		
		terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th		on is licensed by the	
		adian stations, if any, give the name of the	•	•	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION
	KARK-1	4	N	LITTLE ROCK, AR	
	KARK-2	4.2	I-M	LITTLE ROCK, AR	
Rows as Necessary	KARK-3	4.3	I-M	LITTLE ROCK, AR	
	KARK-HD1	4	N-M	LITTLE ROCK, AR	
	KARZ-1	42	l	LITTLE ROCK, AR	
	KARZ-2	42.2	I-M	LITTLE ROCK, AR	
	KARZ-HD1	42	I-M	LITTLE ROCK, AR	
		38			
	KASN-1	50		PINE BLUFF, AR	
	KASN-1 KASN-HD1	38	ı I-M	PINE BLUFF, AR	
			i-M N		
	KASN-HD1	38		PINE BLUFF, AR	
	KASN-HD1 KATV-1	38 7	N	PINE BLUFF, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2	38 7 7.2	N I-M	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3	38 7 7.2 7.3	N I-M I-M	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1	38 7 7.2 7.3 7	N I-M I-M N-M	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1	38 7 7.2 7.3 7 2	N I-M I-M N-M E	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2	38 7 7.2 7.3 7 2 2.2	N I-M I-M N-M E E E-M	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3	38 7 7.2 7.3 7 2 2.2 2.3	N I-M I-M E E E-M E-M	PINE BLUFF, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4	38 7 7.2 7.3 7 2 2.2 2.3 2.4	N I-M I-M E E E-M E-M E-M	PINE BLUFF, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1	38 7 7.2 7.3 7 2 2.2 2.3 2.4 2	N I-M I-M R E E-M E-M E-M E-M	PINE BLUFF, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1 KKAP-1 KLRT-1	38 7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 16	N I-M I-M E E E-M E-M E-M E-M I	PINE BLUFF, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-4 KETS-HD1 KLRT-1 KLRT-1 KLRT-1	38 7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 16 16	N I-M I-M R E E-M E-M E-M E-M	PINE BLUFF, AR LITTLE ROCK, AR	
	KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1 KKAP-1 KLRT-1	38 7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 16	N I-M I-M E E E-M E-M E-M E-M I	PINE BLUFF, AR LITTLE ROCK, AR	

counting Period:	2022/1			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	CATIONS LLC		006
	PRIMARY TRANSMITTERS:	: TELEVISION		
G	carried by your cable syste	dentify every television station (including to em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting the	(1) stations carried only on a par	rt-time basis under
Primary		(e)(2) and (4), or 76.63 (referring to 76.61		
Transmitters:		as explained in the next paragraph.		
Television		IS: With respect to any distant stations car rules, regulations, or authorizations:	fied by your caple system on a s	substitute program
	• Do not list the station he	ere in space G—but do list it in space I (the	e Special Statement and Program	m Log)—if the
	station was carried <i>only</i> o		and the second s	·
	· · · · · ·	d also in space I, if the station was carried tion concerning substitute basis stations, s		
		on's call sign. <i>Do not</i> report origination pr		
	multicast stream associate	ed with a station according to its over-the-	.	
	"WETA-2" as the same on Column 2: Give the chan	ו the form. nel number the FCC assigned to the telev	vision station for broadcasting ov	ver the air in its community
		VRC is channel 4 in Washington, D.C.	ISION Station for produceding of	
	Column 3: Indicate in eac	ch case whether the station is a network s	, , ,	
		tering the letter "N" (for network), "N-M" (fe t), "E" (for noncommercial educational), or		
	、 、	t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruction		ational multicast).
		ion of each station. For U.S. stations, list t		on is licensed by the
	FCC. For Mexican or Can	adian stations, if any, give the name of the	e community with which the stati	ion is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTHV-4	11.4	I-M	LITTLE ROCK, AR
	KTHV-HD1	11	N-M	LITTLE ROCK, AR
	KVTN-1	25	I	PINE BLUFF, AR
	KVTN-HD1	25	I-M	PINE BLUFF, AR

EGAL NAME OF								SYSTEM 0062
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's system's FM a this point, see p	headend, and (ntenna, during (age (v) of the <u>c</u>	2) it can certain s jeneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locati	the community with which the			CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·	·	
						·		
							·	
				r		1	r	

	d: 2022/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					006212
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident							
	substitute basis during the a							
Substitute	explanation of the programm				he general ins	structions in	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable systen	n carry, on a substitute ba	sis, any nonr	network tele	vision 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 r	nust comple	ete the prod	gram
	log in block 2.	,		5 ,	, ,		1	5
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			ate line. Use abbreviations	s wherever po	ossible, if th	eir meanin	g is
	clear. If you need more spa							
				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			500	·
	the case of Mexican or Car		、	he community to which the		,	ne FCC or,	In
				stem carried the substitute		,	s, with the r	nonth
	first. Example: for May 7 giv		, ,		10		,	
				ogram was carried by you				ately
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "R" if tho	listed program	n was substituted for prog	ramming that	vour evete	m was reau	uired
	to delete under FCC rules a							
	was substituted for program							0
	effect on October 19, 1976.							
	SI	UBSTITUT				N SUBSTI		7. REASON FOR
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		CARRI 5. MONTH	AGE OCC		7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OCCI 6. T	JRRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	

Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC		006212
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	3,196.42
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.	iis 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 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 \$ 183,196.42		
	3. Subtract line 2 from line 1		
	.	83,196.42	
	5. Enter the amount from line 3	80,603.58	
	6. Subtract line 5 from line 4	02,592.84	
	7. Multiply line 6 by .005 (enter figure here)	\$	512.96
	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	\$	512.96
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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	
	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)	512.96	
	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	\$	532.96
	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# 006212
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	28
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	195
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, but 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 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 the cable in the cable in	
	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)]	in
	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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00621
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - - x - x - x - x - x - x - x - x 0.00274 - <td>Interest Assessmen</td>	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
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Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - 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 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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