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<br>Period |   |  |  |  |  |  |  |  |  |
| В                    | Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.   |  |  |  |  |  |  |  |  |
| Owner                | List any other name or names under which the owner conducts the business of the cable system.   |  |  |  |  |  |  |  |  |
|                      | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.   |  |  |  |  |  |  |  |  |
|                      | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.   |  |  |  |  |  |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |  |  |  |  |  |  |  |  |
|                      | CEQUEL COMMUNICATIONS LLC   |  |  |  |  |  |  |  |  |
|                      | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |  |  |  |  |  |  |  |  |
|                      | SUDDENLINK COMMUNICATIONS   |  |  |  |  |  |  |  |  |
|                      | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |  |  |  |  |  |  |  |  |
|                      | 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  |  |  |  |  |  |  |  |  |
|                      | TYLER, TX 75701   |  |  |  |  |  |  |  |  |
|                      | (City, town, state, zip)  |  |  |  |  |  |  |  |  |
| С                    | <b>INSTRUCTIONS:</b> 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:   |  |  |  |  |  |  |  |  |
|                      | WARM SPRINGS CORRECTIONAL FACILITY  |  |  |  |  |  |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM:  |  |  |  |  |  |  |  |  |
|                      | 2 (Number, street, rural route, apartment, or suite number)   |  |  |  |  |  |  |  |  |
|                      | (City, town, state, zip code)   |  |  |  |  |  |  |  |  |

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

| Accounting Period:    | 2022/1   |   |
|-----------------------|--|---|
|                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA1-2E. PAGE 1b  SYSTEM ID#  |
| Name                  | CEQUEL COMMUNICATIONS LLC  | 063285  |
|                       | Instructions: List each separate community served by the cable system. A "comm   |   |
| D                     | separate and distinct community or municipal entity (including unincorporated cunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will scommunity." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mob | communities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first |
| Area<br>Served        | ile home parks should be reported in parentheses below the identified  |   |
| Serveu                |  |   |
|                       | CITY OR TOWN   | STATE   |
| First                 | CARSON CITY  | NV  |
| Community             | (WARM SPRINGS CORR)  |   |
| Add Rows as Necessary |  |   |
| ·                     |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

OF OUT I COMMUNICATIONS LLC

063285

# E

### 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<br>SUBSCRIBERS | RATE    | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS | RATE |
| Residential:                                     |                       |         |                     |                       |      |
| <ul> <li>Service to first set</li> </ul>         | 0                     | -       |                     |                       |      |
| <ul> <li>Service to additional set(s)</li> </ul> |                       |         |                     |                       |      |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |         |                     |                       |      |
| Motel, hotel                                     |                       |         |                     |                       |      |
| Commercial                                       | 21                    | 42.41   |                     |                       |      |
| Converter  |                       |         |                     |                       |      |
| <ul> <li>Residential</li> </ul>                  |                       |         |                     |                       |      |
| Non-residential                                  |                       |         |                     |                       |      |
|  |                       | l       |                     |                       | Γ    |

# 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 2   |   |   |  |  |
|---|---|---|---|--|--|
| CATEGORY OF SERVICE                         | CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE |   |   |  |  |
| Continuing Services:                        |   | Installation: Non-residential               |   |  |  |
| Pay cable                                   | -   | Motel, hotel                                |   |  |  |
| <ul> <li>Pay cable—add'l channel</li> </ul> | -   | Commercial                                  |   |  |  |
| Fire protection                             |   | • Pay cable                                 |   |  |  |
| •Burglar protection                         |   | <ul> <li>Pay cable-add'l channel</li> </ul> |   |  |  |
| Installation: Residential                   |   | <ul> <li>Fire protection</li> </ul>         |   |  |  |
| • First set                                 | -   | Burglar protection                          |   |  |  |
| Additional set(s)                           | -   | Other services:                             |   |  |  |
| • FM radio (if separate rate)               |   | Reconnect                                   | - |  |  |
| Converter                                   |   | Disconnect                                  |   |  |  |
|   |   | Outlet relocation                           | - |  |  |
|   |   | Move to new address                         | - |  |  |
|   |   |   |   |  |  |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063285

4. LOCATION OF STATION

#### **CEQUEL COMMUNICATIONS LLC**

G

#### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KNPB-1 5 Ε RENO. NV KOLO-1 8 Ν RENO, NV 27 RENO, NV KREN-1 Т KRNS-1 46 ī RENO, NV KRNV-1 Ν 4 RENO, NV KRXI-1 11 ī RENO, NV KTVN-1 2 Ν RENO, NV

3. TYPE OF STATION

Add Rows as Necessary

| Accounting Period: 2022/1 | FORM SA1-2E. PAGE 4 |
|---------------------------|---------------------|
|---------------------------|---------------------|

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063285

### **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

Radio

Transmitters:

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).

| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D      | LOCATION OF STATION |
|-----------|----------|-----|---------------------|-----------|----------|----------|---------------------|
|           |          |     |                     |           |          | _,_      |                     |
|           |          |     |                     |           |          | ļ        |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           | l        |          |                     |
|           |          |     | <del> </del>        |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     | <b> </b>            |           | ļ        | <br>     |                     |
|           |          |     |                     |           |          | ļ        |                     |
|           |          |     |                     |           |          | ļ        |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           | l        |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     | <del> </del>        |           |          |          |                     |
|           |          |     |                     |           | <br>     |          |                     |
|           |          |     |                     |           |          | ļ        |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           | [        |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     | <del> </del>        |           | l        |          |                     |
|           |          |     |                     |           | l        |          |                     |
|           |          |     | <del> </del>        |           |          |          |                     |
|           |          |     |                     |           |          | ļ        |                     |
|           |          |     |                     |           |          | ļ        |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     | <del> </del>        |           |          |          |                     |
|           |          |     |                     |           | l        |          |                     |
|           |          |     | <del> </del>        |           |          |          |                     |
|           |          |     |                     |           | <br>     |          |                     |
|           |          |     |                     |           |          | ļ        |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           | t        |          |                     |
|           |          |     |                     |           |          | <b> </b> |                     |
|           |          |     |                     |           |          | ļ        |                     |
|           |          |     |                     |           | ļ        | ļ        |                     |
|           |          |     |                     |           | ļ        | ļ        |                     |
|           |          |     |                     |           |          |          |                     |
|           |          |     |                     |           |          | l        |                     |

| LEGAL NAME OF OWNER OF C  | ADLE CVCT  |  |  |   |   |  |   |
|---|--|--|--|---|---|--|---|
| CEQUEL COMMUNICA  |  |  |  |   |   |  | SYSTEM ID#<br>063285  |
| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "577." |  |  |  |   |   |  |   |
| Column 7: Enter the lette<br>to delete under FCC rules at<br>was substituted for program<br>effect on October 19, 1976.   | nd regulatio   | ns in effect du<br>our system was  | ring the accounting period   | enter the lett<br>r FCC rules a   | ter "P" if the not regular  | ne listed prog<br>tions in<br>TITUTE   | 7. REASON FOR   |
| 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN  | 4. STATION'S LOCATION  | 5. MONTH<br>AND DAY   | 6.<br>FROM  | TIMES TO   | DELETION  |
|   |  |  |  |   |   |  |   |
| I S E 1 C FUE"  | In General: In space I, identificate substitute basis during the acceptanation of the programming.  1. SPECIAL STATEMENT:  During the accounting period or address by a distant station of the programming or address by a distant station of the programming of the properties.  2. LOG OF SUBSTITUTE of General: List each substicted of the programming of the p | In General: In space I, identify every nome substitute basis during the accounting perexplanation of the programming that must a substitute basis during the accounting perexplanation of the programming that must a substitute programming the accounting period, did your broadcast by a distant station?  Note: If your answer is "No," leave the read of the substitute program of the substitute of the subs | In General: In space I, identify every nonnetwork television substitute basis during the accounting period, under special substitute basis during the accounting period, under special substitute basis during the accounting period, under special substitute basis during the must be included in the programming that must be included in the substitute program to a separate or column 1: give the substitute program on a separate clear. If you need more space, please add additional in Column 1: give the title of every nonnetwork televisoriod, was broadcast by a distant station and that you need more space, regulations, or authorizations to not use general categories like "movies" or "basker (NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcated to case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your system to the case of Mexican or Canadian stations, if any, the column 6: State the times when the substitute program to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program carried to the nearest five minutes. Example: a program | In General: In space I, identify every nonnetwork television program, broadcast by a substitute basis during the accounting period, under specific present and former FC6 explanation of the programming that must be included in this log, see page (v) of the I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE. During the accounting period, did your cable system carry, on a substitute basic proadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "og in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations of clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program ("substitute program on tuse general categories like "movies" or "basketball." List specific program NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "N Column 3: Give the call sign of the station broadcasting the substitute program Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the state case of Mexican or Canadian stations, if any, the community with which the state case of Mexican or Canadian stations, if any, the community with which the state case of Mexican or Canadian stations, if any, the community to which the state case of Mexican or Canadian stations are program was carried by your of the nearest five minutes. Example: a program carried by a system from 6:01:10 (and the case of the case of program in the substitute program was substituted for program to delete under FCC rules and regulations in effect during the accounting period, was substituted for programming that your system was permitted to delete under effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S | in General: In space I, identify every nonnetwork television program, broadcast by a distant statio substitute basis during the accounting period, under specific present and former FCC rules, regular explanation of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the program of the program of a substitute basis, any nonnet procedured by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must og in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever posticar. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that period, was broadcast by a distant station and that your cable system substituted for the program deretian FCC rules, regulations, or authorizations. See page (v) of the general instruction on the general categories like "movies" or "basketball." List specific program tiles, for exitance and the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use instruction is identified to the program was broadcast station is location (the community to which the station is licentified the case of Mexican or Canadian stations, if any, the community with which the station is licentified. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. To the left was substituted for programming that your delete under FCC rules and | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the sex page (v) of the general instructions in the sex page (v) of the general instructions in the sex page (v) of the general instructions in the sex page (v) of the general instructions in the sex page (v) of the general instructions in the sex page (v) of the general instructions in the sex page (v) of the general instructions in the sex page (v) of the general instructions wherever possible, if the clear. If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete og in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substitute for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further than the second of the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 6: State the times when the substitute program was carried by your cable system. List the time that the letter "R" if the listed program was substituted for programming that your system to delete un | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable systems substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations, explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA11. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  10. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progration proadcast by a distant station?  11. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  12. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progration or proadcast by a distant station?  13. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  14. Or or unswer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program or or age in block 2.  15. LOG OF SUBSTITUTE PROGRAMS  16. General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  16. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting beriod, was broadcast by a distant station and that your cable system substituted for the programming of another stander certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program littles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls."  17. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  18. Column 3: Give the broadcast 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).  18. Column 5: |

| Accounting Period:                 | 2022/1  | FORM SA1-2E. PAGE 6. |
|------------------------------------|---|----------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  | SYSTEM ID#<br>063285 |
| <b>K</b><br>Gross Receipts         | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (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              |
| L<br>Copyright<br>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-accounting period is \$52.00.  | month                |
|                                    | Line 1. Royalty fee for accounting period   | 52.00                |
| İ                                  | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  | 0.00                 |
|                                    | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2  | 52.00                |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  |                      |
|                                    | 1. Base amount under statutory formula  |                      |
|                                    | Enter amount of gross receipts from space K   |                      |
|                                    | 3. Subtract line 2 from line 1  |                      |
|                                    | Enter the amount of gross receipts from space K   |                      |
|                                    | 5. Enter the amount from line 3   |                      |
|                                    | 6. Subtract line 5 from line 4  |                      |
|                                    | 7. Multiply line 6 by .005 (enter figure here)  |                      |
|                                    | 8. Interest charge. Enter the amount from line 4, space Q, page 8   | 0.00                 |
|                                    | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8   |                      |
|                                    | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)  |                      |
|                                    | Enter the amount of gross receipts from space K   |                      |
| 1                                  | 3. Subtract line 2 from line 1  |                      |
|                                    | 4. Multiply line 3 by .01   |                      |
|                                    |   | 9.00                 |
|                                    | Interest charge. Enter the amount from line 4, space Q, page 8  | 0.00                 |
|                                    |   |                      |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE   |                      |
| Filing Fee and<br>Total Remittance | Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)  | 2.00                 |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations)  | 5.00                 |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3  | 67.00                |
|                                    | EFT Trace # or TRANSACTION ID #   |                      |
|                                    | Important: Your remittance must be in the form of an electronic payment payable to the Register of Cop See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info  |                      |

| Accounting Period:                 | 2022/1   |  |                    |   | FORM SA1-2E. PAGE 7.     |  |  |  |
|------------------------------------|--|--|--------------------|---|--------------------------|--|--|--|
| Name                               |  | WNER OF CABLE SYSTEM:<br>MUNICATIONS LLC   |                    |   | SYSTEM ID#<br>063285     |  |  |  |
| <b>M</b><br>Channels               | CHANNELS Instructions: Y to its subscriber  1. Enter the total system carrier  | . <b>7</b>   |                    |   |                          |  |  |  |
|                                    | 2. Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services  |  |                    |   |                          |  |  |  |
| N<br>Individual to<br>Be Contacted |  | D BE CONTACTED IF FURT about this statement of accounts the statement of accounts are statement of accounts and the statement of accounts are statement of accounts are statement of accounts and the statement of accounts are statement of account are statement of accounts are statement of accounts are statement of accounts are statement of accounts are statement of account are statement of accounts are statement of accounts are statement of accounts are statement of account and account are statement of account are statement of account and account are statement are statement of account and account are statement are statement are statement and account are statement are statement are statement are statement and account are statement are statement are statement and account are statement are stat |                    | DRMATION IS NEEDED (Identify an individual  |                          |  |  |  |
| for Further<br>Information         | Name   | RODNEY HASKINS   |                    | Telephon  | e (903) 579-3152         |  |  |  |
|                                    | Address<br>  | 3027 S SE LOOP 323<br>(Number, street, rural route, apart<br>TYLER, TX 75701<br>(City, town, state, zip)   |                    | te number)  |                          |  |  |  |
|                                    | Email  |  | KINS@A             | LTICEUSA.COM Fax (optional  |                          |  |  |  |
| •                                  | CERTIFICATION (  | This statement of account m  | ust be cer         | tified and signed in accordance with Copyright Office regulations   | )                        |  |  |  |
| O<br>Certification                 | • I, the undersigne  | d, hereby certify that (Check o  | one, <i>but on</i> | ly one, of the boxes.)  |                          |  |  |  |
|                                    | (Owne  | r other than corporation or p  | oartnershi         | p) I am the owner of the cable system as identified in line 1 of space                                    | B; or                    |  |  |  |
|                                    |  |  |                    | artnership) I am the duly authorized agent of the owner of the cable not a corporation or partnership; or | system as identified     |  |  |  |
|                                    |  | er or partner) I am an officer (<br>in line 1 of space B.  | (if a corpor       | ation) or a partner (if a partnership) of the legal entity identified as o                                | wner of the cable system |  |  |  |
|                                    | • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] |  |                    |   |                          |  |  |  |
|                                    |  |  | X<br>Enter an      | /s/ Alan Dannenbaum   | _                        |  |  |  |
|                                    |  |  |                    | nature using an "/s/ signature" (e.g., /s/ John Smith)  |                          |  |  |  |
|                                    |  | Typed or printed   | d name:            | ALAN DANNENBAUM   |                          |  |  |  |
|                                    |  | Title:   |                    | PROGRAMMING 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.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 063285 **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-"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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 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** davs 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. Owner Address ID number First community served Accounting period

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.