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

			Return completed workbook by	
STATEMENT OF ACCOUNT	FOR COPYRIG	email to		
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	- configence @convright.gov	
Cable Systems (Short Form)			<u>coplicsoa@copyright.gov</u>	
	0/4 5/0000	\$	For additional information, contact the U.S. Copyright	
General instructions are located	9/15/2022		Office Licensing Division at (202) 707-8150.	
in the first tab of this workbook.		ALLOCATION NUMBER		
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(Period))		
	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
2022/1	Fenou 1 - January 1 - June 30	Fendu z - July 1 - December 31		
202	21 Barcode Data Filing Period (optional -	- see instructions)		
Accounting Period				
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.	63353
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3027 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	OKLAHOMA STATE PEN	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	1	(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.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	063353						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	MCALESTER	OK						
Community	(OKLAHOMA STATE PEN)							
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIB	ERS AND RA	TES						
E	In General: The information in s	pace E should o	cover all	categories of	secondary						
<b>.</b> .	system, that is, the retransmission										
Secondary	about other services (including p						iose existir	ig on the			
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondary										
Rates	each category by counting the n										
	separately for the particular serv										
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	· · ·	,		ly standard		within a pa				
	Block 1: In the left-hand block				ies of seco	ondary transmiss	sion service	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity subscriber who pays extra for ca						•				
	first set" and would be counted o					in the count und	ler Service				
	Block 2: If your cable system I					service that are	different fro	om those			
	printed in block 1 (for example, t	iers of services	that incl	ude one or mo	ore second	ary transmission	ns), list the	m, together			
	with the number of subscribers a	ind rates, in the	right-ha	nd block. A tw	o- or three	-word descriptio	n of the se	rvice is			
	sufficient.	OCK 1					BLOCK	· 2			
		NO. OF					BLOOK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:		•								
	Service to first set		0	-							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		·····	10.11							
	Commercial		8	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	ONS: RATES							
F	In General: Space F calls for rat										
	not covered in space E, that is, t service for a single fee. There ar										
Services	furnished at cost or (2) services		,		0		0()				
Other Than											
Secondary	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> 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 concrete charge was made or octablished. List these after convises in the form of a										
	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.										
	brief (two- or three-word) descrip	and include									
	brief (two- or three-word) descrip		CK 1	e for each.				BLOCK 2			
	brief (two- or three-word) descrip	BLOC		e for each. ORY OF SER	VICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE		
		BLOO RATE	CATEG			RATE	CATEGO		RATE		
	CATEGORY OF SERVICE	BLOO RATE	CATEG Installa	ORY OF SER		RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services:	BLOO RATE	CATEG Installa • Mote	ORY OF SER tion: Non-res		RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE	CATEG Installa • Mote • Com	ORY OF SER tion: Non-res el, hotel		RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO RATE	CATEG Installa • Mote • Con • Pay	ORY OF SER tion: Non-res el, hotel mercial	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	BLOO RATE	CATEG Installa • Mote • Con • Pay • Pay	ORY OF SER tion: Non-res el, hotel imercial cable	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOO RATE	CATEG Installa • Mote • Con • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel mercial cable cable	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE - - -	CATEG Installa • Mote • Com • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE - - -	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE - - -	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential	RATE	CATEGO		RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE - - -	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential	RATE	CATEGO		RATI		

nting Period: 2	2022/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID						
Numo	CEQUEL COMMUNIC	ATIONS LLC		06335						
	PRIMARY TRANSMITTERS: TELEVISION									
<b>G</b> Primary	carried by your cable system FCC rules and regulations	eneral: In space G, identify every television station (including translator stations and low power television stations) ed by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 9(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								
ansmitters: elevision	Substitute Basis Stations basis under specific FCC re	s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations:								
	<ul><li>station was carried only on</li><li>List the station here, and a</li></ul>	also in space I, if the station was carried	both on a substitute basis and also	o on some other						
	Column 1: List each station	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	rogram services such as HBO, ESF	PN, etc. Identify each						
	<b>Column 2:</b> Give the channel of license. For example, W	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	Ū.	·						
	<ul> <li>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).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> <li>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.</li> </ul>									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KJRH-1	2	Ν	TULSA, OK						
	KMYT-1	41	I	TULSA, OK						
ows as Necessary	KOED-1	11	E	TULSA, OK						
Rows as Necessary		23	I	TULSA, OK						
	KOKI-1	23								
	КОКІ-1 КОТУ-1		N							
	KOTV-1	6	N	TULSA, OK						
	КОТV-1 КQCW-1	6 19	N I	TULSA, OK TULSA, OK						
	KOTV-1 KQCW-1 KRSU-1	6 19 35	N 1 1	TULSA, OK TULSA, OK CLAREMORE, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19	N I I I	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1	6 19 35	N 1 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N I I I N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N 1 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N I I N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N 1 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N I I N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N I I N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	. N 	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						
	KOTV-1 KQCW-1 KRSU-1 KSBI-1	6 19 35	N 1 1 1 N	TULSA, OK TULSA, OK CLAREMORE, OK OKLAHOMA CITY, OK						

EGAL NAME OF									SYSTEM 0633
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be receivent the Cope sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under ( tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	tt sy: his econe	he system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	7	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	.C					063353	
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG					
I	In General: In space I, identit substitute basis during the ac								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	<b>1. SPECIAL STATEMENT</b>	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televi	ision progran	n	
Program Log	broadcast by a distant stat	ion?					YES	× NO	
	<b>Note:</b> If your answer is "No,	" leave the	rest of this pag	e blank. If vour answer is "	Yes." vou mu	ust complet	-		
	log in block 2.		1 5	5	, ,	·	1 5		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst				wherever pos	sible, if the	ir meaning is	5	
	clear. If you need more spa								
				sion program ("substitute p					
	period, was broadcast by a under certain FCC rules, reg								
	Do not use general categori								
	"NBA Basketball: 76ers vs.			Lot op como program		ap.o, . <u>-</u>	010 200) 01		
	Column 2: If the program	n was broad	lcast live, enter	"Yes." Otherwise enter "N	0."				
				sting the substitute program					
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice	nsed by the	e FCC or, in		
	the case of Mexican or Can			em carried the substitute p			with the mor	ath	
	first. Example: for May 7 giv		when your syst	em camed the substitute p	nogram. Ose	numerais,		iui	
			substitute prog	gram was carried by your c	able system.	List the tin	nes accurate	ly	
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."								
				was substituted for program					
	to delete under FCC rules a was substituted for program							am	
	effect on October 19, 1976.		ou. oyoto nu						
	,							1	
						EN SUBST			
	S		E PROGRAM					7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	— то		
							_		
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Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063353
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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.	ission service mount, see	2,160.00
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 \$2 • 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 t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 \$137,1	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		
	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)	
	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)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC			SYSTEM ID# 063353
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	pers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan ne cable system carried televi	ons	ing the accounting period.	9 9
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	THER INFORMATION IS NEEDED (Iden count.)	tify an individual	
for Further Information	Name	RODNEY HASKINS	;	Telephone (903) 5	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa			
		TYLER, TX 75701 (City, town, state, zip)			
	Email		SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATION	N (This statement of account	must be certified and signed in accordance	e with Convright Office regulations)	
O Certification	• I, the undersig	ned, hereby certify that (Check	c one, <i>but only one</i> , of the boxes.) r <b>partnership)</b> I am the owner of the cable s		
		in line 1 of space B and that	the owner is not a corporation or partnershi	rized agent of the owner of the cable system as p; or :hip) of the legal entity identified as owner of the	
	I have examination are true, comp	in line 1 of space B. ed the statement of account ar	Id hereby declare under penalty of law that a my knowledge, information, and belief, and	all statements of fact contained herein	
			X /s/ Alan Dannenbaum		
		Typed or print	ed name: ALAN DANNENBAU	И	
		Title:	SVP, PROGRAMMING	ership)	
		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.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	063353
<ul> <li>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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>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.</li> <li>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?     </li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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.