This form is effective beg	jinning with the Janua	ry 1 to June 30, 20	017, accounting period	(2017/1)
If you are filing for a prior a	ccounting period, conta	ict the Licensing Div	vision for the correct form	ı.

## SA1-2E Short Form

			Return completed workbook by
STATEMENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form)			For additional information,
General instructions are located		\$	contact the U.S. Copyright
in the first tab of this workbook.	2/20/2022	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.
	2/28/2023		-
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	_		
20222	Barcode Data Filing Period (optional	- see instructions)	
Accounting			
Period			
Instructions:			
Give the full legal name of the owner of t	o cable system. If the owner is a subsidi	any of another corporation, give the full corporat	a titla of the

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 sulte number)
		TYLER, TX 75701 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		MOUNT IDA, AR
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	000139						
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 Community	MOUNT IDA MOUNTAIN HARBOR	AR						
Add Rows as Necessary								

									FUF	RM SA1-2	EM ID										
Name																					
	CEQUEL COMMUNICAT	IONS LLC									0013										
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIB	ERS AND RA	TES																
E	In General: The information in s		-			transmission s	ervice	e of the	cable												
<b>.</b> .	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																				
Secondary Transmission	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).																				
Service: Sub-							le sv	stem. b	roken												
scribers and	<b>Number of Subscribers:</b> 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																				
Rates	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				es of seco	ondary transmis	sion s	service	that cable												
	systems most commonly provide																				
	that applies to your system. Note			-		-															
	categories, that person or entity																				
		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)."																			
	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 a	and rates, in the	right-hai	nd block. A tw	o- or three	e-word description	on of	the ser	vice is												
	sufficient.	OCK 1			1		B	LOCK	2												
		NO. OF							NO. OF												
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SE	RVIC	E	SUBSCRIB	ERS	RATE										
	Residential:																				
	Service to first set		260	50.00																	
	Service to additional set(s)																				
	• FM radio (if separate rate)																				
	Motel, hotel																				
	Commercial		12	45.95																	
	Converter																				
	Residential																				
	Non-residential																				
	SERVICES OTHER THAN SEC		ISMISSI																		
-	In General: Space F calls for rat					your cable syst	em's	service	es that were												
F	not covered in space E, that is, th	hose services th	at are n	ot offered in c	ombinatio	n with any seco	ndary	r transn	nission												
	service for a single fee. There ar																				
Services Other Than	furnished at cost or (2) services amount of the charge and the un																				
Other man			ISUAILY DI			alucu uli a valia		ei-piug	14111 04515,												
Secondary	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.																				
Secondary Fransmissions:	Block 1: Give the standard rat	e charged by th		system for eac	ch of the a	pplicable servic	es lis			Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
•	Block 1: Give the standard rat Block 2: List any services that	e charged by th your cable syst	em furni	system for eac shed or offere	ch of the a d during th	pplicable servic ne accounting p	es lis eriod	that w													
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	e charged by th your cable syst separate charge	em furni was ma	system for eac shed or offere ade or establis	ch of the a d during th	pplicable servic ne accounting p	es lis eriod	that w													
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that	e charged by th your cable syst separate charge	em furni was ma	system for eac shed or offere ade or establis	ch of the a d during th	pplicable servic ne accounting p	es lis eriod	that w													
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e charged by th your cable syst separate charge otion and include BLOC	em furni was ma the rate K 1	system for ead shed or offere ade or establis e for each.	ch of the a d during th hed. List t	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK												
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Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	e charged by th your cable syst separate charge otion and include BLOC RATE	em furni e was ma e the rate CK 1 CATEGO	system for each shed or offere ade or establis of for each. DRY OF SER ion: Non-res	ch of the a d during th hed. List t	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK		RATE										
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	e charged by the your cable system separate charge beton and include BLOC RATE 17.00	em furni was ma the rate CK 1 CATEGO Installat • Mote	system for each shed or offere ade or establis of or each. DRY OF SER' ion: Non-res	ch of the a d during th hed. List t	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK		RATE										
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	e charged by th your cable syst separate charge otion and include BLOC RATE	em furni was ma the rate <u>CK 1</u> <u>CATEG(</u> Installat • Mote • Com	system for each shed or offere ade or establis of or each. DRY OF SERV ion: Non-resi el, hotel mercial	ch of the a d during th hed. List t	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK		RATE										
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	e charged by the your cable system separate charge beton and include BLOC RATE 17.00	em furnia was ma e the rate CATEGO Installat • Mote • Com • Pay	system for each shed or offere ade or establis of reach. DRY OF SER ion: Non-res il, hotel mercial cable	ch of the a d during th shed. List t <u>VICE</u> idential	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK		RATE										
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	e charged by the your cable system separate charge beton and include BLOC RATE 17.00	em furni was ma the rate K 1 CATEGO Installat • Mote • Com • Pay o	system for each shed or offere ade or establis of for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch	ch of the a d during th shed. List t <u>VICE</u> idential	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK		RATE										
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Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	e charged by the your cable system is separate charge better and include BLOC RATE 17.00 19.00 99.00	em furni was mae the rate CK 1 CATEGO Installat • Mote • Com • Pay ( • Pay ( • Fire • Burg	system for each shed or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection	ch of the a d during th shed. List t <u>VICE</u> idential	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK		RATE										
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e charged by the your cable system is separate charge better and include BLOC RATE 17.00 19.00 99.00	em furni was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay ( • Fire • Burg Other se	system for each shed or offere ade or establis e for each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'I ch protection lar protection ervices:	ch of the a d during th shed. List t <u>VICE</u> idential	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK		RATE										
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip 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)	e charged by the your cable system is separate charge better and include BLOC RATE 17.00 19.00 99.00	em furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay 0 • Pay 0 • Burg Other se • Recc	system for each shed or offere ade or establis of or each. DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	ch of the a d during th shed. List t <u>VICE</u> idential	pplicable servic ne accounting p hese other serv	es lis eriod ices i	that we	orm of a BLOCK		RATE										
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Name	LEGAL NAME OF OWNER (	OF CABLE SYSTEM:		SYSTEM II						
Name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	<ul> <li>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, <i>except</i> (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.</li> <li>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:</li> <li>&gt; Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>&gt; 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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "I' (for independent), "I-M"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For</li></ul>									
	1. CALL SIGN	1. CALL SIGN     2. B'CAST CHANNEL NUMBER     3. TYPE OF STATION     4. LOCATION								
	KARK-1	4	N	LITTLE ROCK, AR						
	KARZ-1	42	I	LITTLE ROCK, AR						
Rows as Necessary	KASN-1	38	I	PINE BLUFF, AR						
	KASIN-I									
as Necessary	KATV-1	7	Ν	LITTLE ROCK, AR						
s Necessary		7	N	LITTLE ROCK, AR LITTLE ROCK, AR						
s Necessary	KATV-1		N I E							
is Necessary	KATV-1 KATV-2	7.2	I	LITTLE ROCK, AR						
as Necessary	KATV-1 KATV-2 KETS-1	7.2 2	l E	LITTLE ROCK, AR LITTLE ROCK, AR						
as Necessary	KATV-1 KATV-2 KETS-1 KKAP-1	7.2 2 36	l E	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
as Necessary	KATV-1 KATV-2 KETS-1 KKAP-1 KLRT-1 KTHV-1	7.2 2 36 16 11	l E E I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
s as Necessary	KATV-1 KATV-2 KETS-1 KKAP-1 KLRT-1	7.2 2 36 16	l E E I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
s as Necessary	KATV-1 KATV-2 KETS-1 KKAP-1 KLRT-1 KTHV-1	7.2 2 36 16 11	l E E I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
rs as Necessary	KATV-1 KATV-2 KETS-1 KKAP-1 KLRT-1 KTHV-1	7.2 2 36 16 11	l E E I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
ws as Necessary	KATV-1 KATV-2 KETS-1 KKAP-1 KLRT-1 KTHV-1	7.2 2 36 16 11	l E E I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
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ws as Necessary	KATV-1 KATV-2 KETS-1 KKAP-1 KLRT-1 KTHV-1	7.2 2 36 16 11	l E E I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
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s Necessary	KATV-1 KATV-2 KETS-1 KKAP-1 KLRT-1 KTHV-1	7.2 2 36 16 11	l E E I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR						
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CEQUEL CO	F OWNER OF C								SYSTEM I 0001
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.									
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	i it is carried by monitoring, to prmation abou rm. dentify the call State whether t the radio stati this by placing Sive the station	the syst be receive the Cope sign of e he station on's sign a check a's location	-Band FM Carriage: Under C tem whenever it is received at yed at the headend, with the s byright Office regulations on the each station carried. In is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which the he community with which the	t ti sys his sec	he system's hea stem's FM anter s point, see page d by the cable sy station is licens	idend, and (2) nna, during cei e (v) of the gei vstem 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		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1					
				-					
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Accounting Perio	d: 2022/2						FOF	RM SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#					
Name	CEQUEL COMMUNICA	TIONS LL	_C					000139					
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	;								
	In General: In space I, identi					on. that you	ır cable svste	m carried on a					
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	CC rules, regula	ations, or a	uthorizations	. For a further					
Substitute	explanation of the programm				e general instr	uctions in t	he paper SA	1-2 form.					
Carriage:	1. SPECIAL STATEMENT												
Special Statement and	<ul> <li>During the accounting per</li> </ul>	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log	broadcast by a distant stat	ion?				l	YES	× NO					
	Note: If your answer is "No	," leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust comple	ete the progr	am					
	log in block 2.				·								
	2. LOG OF SUBSTITUTE	PROGRA	MS										
	In General: List each subs				s wherever po	ssible, if th	eir meaning	is					
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") th	at during t	he accounti	na					
	period, was broadcast by a												
	under certain FCC rules, re	gulations, c	or authorization	s. See page (v) of the ger	neral instruction	ons for furt	her informat	ion.					
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "baske	etball." List specific progra	am titles, for ex	xample, "I I	Love Lucy" o	or					
			dcast live, ente	r "Yes." Otherwise enter "	'No."								
	Column 3: Give the call	sign of the	station broadca	sting the substitute progra	am.								
	Column 4: Give the broat the case of Mexican or Car			ne community to which the			ne FCC or, ii	n					
				tem carried the substitute			, with the m	onth					
	first. Example: for May 7 giv	ve "5/7."											
	Column 6: State the time to the nearest five minutes.	es when the	e substitute pro	gram was carried by your	cable system	1. List the ti	mes accura	tely					
	stated as "6:00–6:30 p.m."	Example. a	a program cam	ed by a system from 6.01	. 15 p.m. to 6.	20.30 p.m.	should be						
	Column 7: Enter the lett	er "R" if the	listed program	was substituted for progr	ramming that	your syster	m was <i>requii</i>	red					
	to delete under FCC rules (				d: ontor the le	ttor "D" if t	مسما امماهما						
				iring the accounting period				gram					
	was substituted for program	nming that y						gram					
		nming that y			er FCC rules	and regula	tions in	gram					
	was substituted for progran effect on October 19, 1976	nming that y	your system wa		er FCC rules	and regula	ITUTE						
	was substituted for progran effect on October 19, 1976 S	nming that y			er FCC rules	and regula EN SUBST	ITUTE	gram 7. REASON FOR DELETION					
	was substituted for progran effect on October 19, 1976	nming that y	your system wa		er FCC rules WHE CARR	and regula EN SUBST	tions in ITUTE CURRED	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	TITUTE CURRED TIMES	7. REASON FOR					
	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	TITUTE CURRED TIMES	7. REASON FOR					
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	was substituted for progran effect on October 19, 1976 S	SUBSTITUT	your system wa	s permitted to delete unde	er FCC rules WHE CARR	EN SUBST	TITUTE CURRED TIMES	7. REASON FOR					
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Accounting Period:	2022/2	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM I 0001
K 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 transmissin (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	he total of on service unt, see
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 \$263, • 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	800.
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this s	ix-month
	accounting period is \$52.00.	
	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 \$137,100	•
	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 \$527,60	0)
	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	
		,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)	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 of ( See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2022/2								FORM S	A1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM								SYSTEM ID# 000139
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the numb bers, and (2) the cable system otal number of channels on w ried television broadcast stat otal number of activated char he cable system carried televi vadcast services	's total nu hich the c ons nels sion broa	cable	of activated channels d	uring the ad	ccounting period.		10 60	
N Individual to Be Contacted		TO BE CONTACTED IF FUR		NFORM	ATION IS NEEDED (Id	entify an in	dividual			
for Further Information	Name	RODNEY HASKINS					Telep	hone <b>(90</b>	3) 579-3152	
	Address	3027 S SE LOOP 3 (Number, street, rural route, ap TYLER, TX 75701 (City, town, state, zip)		or suite nu	mber)					
	Email	RODNEY.HA	SKINS@	@ALTIC	CEUSA.COM		Fax (optional			
	CERTIFICATIO	N (This statement of account	must be	e certified	d and signed in accorda	ance with C	Copyright Office regula	tions)		
O Certification	(Owr (Age X (Off • I have examine are true, comp	ned, hereby certify that (Check ner other than corporation or nt of owner other than corpor in line 1 of space B and that icer or partner) I am an officer in line 1 of space B. ed the statement of account an lete, and correct to the best of ction 1001(1986)]	partners ration or the owner (if a corp d hereby d	ship) I and r partner of a straight of a str	m the owner of the cable <b>rship)</b> I am the duly auth a corporation or partnersh ) or a partner (if a partner under penalty of law that	orized agen nip; or ship) of the all statemer	t of the owner of the cal legal entity identified as	ole system		
			Enter a	r an elect	/ Alan Dannenbaur ronic signature on the lin re using an "/s/ signature"	e above to c	•			
		Typed or print	ed name:	e: Al	LAN DANNENBAU	JM				
		Title:			DGRAMMING tion held in corporation or pa	irtnership)				
		Date:					2/28/2023			

Privacy Act Notice: Section 111 of 11tle 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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

unting Period: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	00013
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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 <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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> </ul>	
Owner Address	

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.