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.	

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	<ul> <li>coplicsoa@copyright.gov</li> </ul>						
2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.					

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		20222 Barcode Data Filing Period (optional - see instructions)					
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.	035125				
		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 unles 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	1	IDENTIFICATION OF CABLE SYSTEM:					
	,	GAINESVILLE, TX					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2						
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					

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

Accounting Period:	2022/2						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC	035125					
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 ru separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single 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 th 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 city.						
	CITY OR TOWN	STATE					
First	GAINESVILLE	TX					
Community	COOKE COUNTY OAK RIDGE	тх тх					
Add Rows as Necessary	CARRIDOL						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	ERS AND RAT	ES						
E	In General: The information in s	pace E should	cover al	categories of	secondary						
	system, that is, the retransmission										
Secondary Transmission	about other services (including p	<i>,</i> , ,	,				iose existii	ng on the			
Service: Sub-	5 51 (										
scribers and	down by categories of secondary	rtransmission s	service.	In general, you	can comp	oute the number	of subscri	bers 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). <b>Rate:</b> 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.	-	-	•			-				
	category, but do not include disc	· · ·	,		, etanuar						
	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 that applies to your system. Note										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca						•				
	first set" and would be counted o										
	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.	ind rates, in the	ngin-na	and block. A two		-word descriptio					
	BLC	DCK 1					BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:						-				
	Service to first set		1,519	50.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		73	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES							
F	In General: Space F calls for rat										
•	not covered in space E, that is, the service for a single fee. There are										
Services	furnished at cost or (2) services	•	,		,		0 ( )				
Other Than	amount of the charge and the un		usually l	oilled. If any rat	es are cha	arged on a varia	ble per-pro	ogram basis,			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ao ooblo	system for one	b of the a	policable convie	a listed				
Rates	Block 2: List any services that							were not			
	listed in block 1 and for which a s	• •			-	÷ ·					
	brief (two- or three-word) description and include the rate for each.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:	47.00		tion: Non-resi	dential						
	• Pay cable	17.00		el, hotel							
	Pay cable—add'l channel	19.00		nmercial							
	Fire protection		5	cable	annel						
	•Burglar protection Installation: Residential		-	cable-add'l cha	arinei						
	First set	00.00		protection							
		99.00 25.00		glar protection							
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	25.00		onnect		40.00					
	• FM radio (if separate rate)     • Converter			connect		40.00					
	- Converter			connect let relocation		25.00					
			• • • • • • • • • • • • • • • • • • • •			23.00					
				ve to new addre		99.00	•••••				

Nama	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM							
Name	CEQUEL COMMUNICATIONS LLC										
	PRIMARY TRANSMITTERS:	TELEVISION									
G	carried by your cable syster FCC rules and regulations i	<b>neral:</b> In space G, identify every television station (including translator stations and low power television stations) d 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 (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									
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	<ul> <li>e)(2) and (4), or 76.63 (referring to 76.63)</li> <li>s explained in the next paragraph.</li> <li>With respect to any distant stations calles, regulations, or authorizations:</li> </ul>									
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th		0,							
	basis. For further informatic <b>Column 1:</b> List each station	on concerning substitute basis station n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each							
	of license. For example, WI	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	C C	,							
	educational station, by ente (for independent multicast), For the meaning of these te	case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o rrms, see page (iv) of the general instru-	for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form.	endent), "I-M" tional multicast).							
		n of each station. For U.S. stations, list dian stations, if any, give the name of th	•	-							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KAZD-1	55	I	LAKE DALLAS, TX							
	KDAF-1	33	I	DALLAS, TX							
d Rows as Necessary	KDAF-2	33.2	I-M	DALLAS, TX							
	KDAF-3	33.3	I-M	DALLAS, TX							
	KDAF-HD1	33	I-M	DALLAS, TX							
	KDFI-1	27	I	DALLAS, TX							
	KDFI-2	27.2	I-M	DALLAS, TX							
	KDFI-3	27.3	I-M	DALLAS, TX							
	KDFI-HD1	27	I-M	DALLAS, TX							
	KDFW-1	4	I	DALLAS, TX							
	KDFW-HD1	4	I-M	DALLAS, TX							
	KDTN-1	2	Е	DENTON, TX							
	KDTN-HD1	2	E-M	DENTON, TX							
	KDTX-1	58	I	DALLAS, TX							
	KERA-1	13	Е	DALLAS, TX							
	KERA-3	13.3	E-M	DALLAS, TX							
	KERA-4	13.4	E-M	DALLAS, TX							
	KERA-HD1	13	E-M	DALLAS, TX							
	KFWD-1	52	I	FORT WORTH, TX							
	KFWD-HD1	52	I-M	FORT WORTH, TX							
	KMPX-1	29	I	DECATUR, TX							
	KMPX-HD1	29	I-M	DECATUR, TX							
		68	I	ARLINGTON, TX							
	KPXD-1	00	-								
	KPXD-1 KPXD-HD1	68	I-M	ARLINGTON, TX							

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM						
Name	CEQUEL COMMUNICATIONS LLC 035									
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	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. 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 <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.     • 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. <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									
		el number the FCC assigned to the telev	vision station for broadcasting over	r the air in its community						
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> 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. <b>Column 4:</b> 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.								
	1. CALL SIGN	4. LOCATION OF STATION								
	KSTR-HD1	49	I-M	IRVING, TX						
	KTVT-1	11	N	FORT WORTH, TX						
	KTVT-2	11.2	I-M	FORT WORTH, TX						
	КТVТ-3	11.3	I-M	FORT WORTH, TX						
	KTVT-HD1	11	N-M	FORT WORTH, TX						
	KTXA-1	21	Ι	FORT WORTH, TX						
	KTXA-HD1	21	I-M	FORT WORTH, TX						
	KTXD-1	1	I	GREENVILLE, TX						
	KTXD-HD1	47	I-M	GREENVILLE, TX						
	KUVN-1	23	I	GARLAND, TX						
	KUVN-HD1	23	I-M	GARLAND, TX						
	KXAS-1	5	N	FORT WORTH, TX						
			I-M	FORT WORTH, TX						
	KXAS-2	5.2								
	KXAS-2 KXAS-3	5.2	I-M	FORT WORTH, TX						
	KXAS-3	5.3	I-M	FORT WORTH, TX						
	KXAS-3 KXAS-HD1	5.3 5	I-M N-M	FORT WORTH, TX FORT WORTH, TX						
	KXAS-3 KXAS-HD1 KXII-1	5.3 5 12	I-M N-M	FORT WORTH, TX FORT WORTH, TX SHERMAN, TX						
	KXAS-3 KXAS-HD1 KXII-1 KXTX-1	5.3 5 12 39	I-M N-M N	FORT WORTH, TX FORT WORTH, TX SHERMAN, TX DALLAS, TX						
	KXAS-3 KXAS-HD1 KXII-1 KXTX-1 KXTX-2	5.3 5 12 39 39.2	I-M N-M N I I-M	FORT WORTH, TX FORT WORTH, TX SHERMAN, TX DALLAS, TX DALLAS, TX						
	KXAS-3 KXAS-HD1 KXII-1 KXTX-1 KXTX-2 KXTX-HD1	5.3 5 12 39 39.2 39	I-M N-M N I I-M I-M	FORT WORTH, TX FORT WORTH, TX SHERMAN, TX DALLAS, TX DALLAS, TX DALLAS, TX						
	KXAS-3 KXAS-HD1 KXII-1 KXTX-1 KXTX-2 KXTX-HD1 WFAA-1	5.3 5 12 39 39.2 39 8	I-M N-M N I I-M I-M N	FORT WORTH, TX FORT WORTH, TX SHERMAN, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX						

	MMUNICA	TIONS	LLC						035
	t every radio s	tation ca	arried on a separate and discronerally receivable by your cab					ied on an	н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s pyright 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	it t sy his sec	he system's hea stem's FM anter point, see page t 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		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2					2,0		
				ļ ļ			[		

Accounting Perio	d: 2022/2						FORI	M SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	C					035125				
	SUBSTITUTE CARRIAGE	: SPECIA	STATEMEN	T AND PROGRAM LOG								
	In General: In space I, identif	y every non	network televisi	on program, broadcast by a	a <i>distant</i> stati	on, that your o	cable system	carried on a				
Substitute		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.										
Carriage:	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	cable system	carry, on a substitute bas	is, any nonne	etwork televis	sion program	ı				
Program Log	broadcast by a distant stat	ion?					YES	× NO				
	Note: If your answer is "No,	" leave the	rest of this nad	e blank. If your answer is	"Ves " vou m	ust complete						
	log in block 2.		lest of this pag		res, you m	ust complete	, the program					
	2. LOG OF SUBSTITUTE	PROGRA	MS									
	In General: List each substi			te line. Use abbreviations	wherever po	ssible, if theii	r meaning is					
	clear. If you need more space											
	<b>Column 1:</b> 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, rec											
	Do not use general categori	es like "mov										
	"NBA Basketball: 76ers vs. Column 2: If the program		cast live enter	"Ves " Otherwise enter "N	lo "							
	Column 3: Give the call s											
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		FCC or, in					
	the case of Mexican or Cana					,	with the mean					
	<b>Column 5:</b> Give the mon first. Example: for May 7 giv		when your syst	em carried the substitute	program. Use	e numerais, v	with the mor	າເຕ				
	Column 6: State the time		substitute prog	gram was carried by your	cable system	. List the tim	es accurate	ly				
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. sl	hould be					
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d				
	to delete under FCC rules a											
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules	and regulatio	ons in					
	effect on October 19, 1976.											
					WH	EN SUBSTI	TUTE					
	S	UBSTITUT	E PROGRAM	1	CARR			7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	IMES — TO	DELETION				
						-	_					
							_					
							_					
					1	T.	_					
						1	_					
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Accounting Period:	2022/2	FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Humo	CEQUEL COMMUNICATIONS LLC	035125							
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							
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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800.							
	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. Line 1. Royalty fee for accounting period	nis six-month							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)							
	1. Base amount under statutory formula   \$   263,800.00								
	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								
	6. Subtract line 5 from line 4								
	8. Interest charge. Enter the amount from line 4, space Q, page 8 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 \$ 471,989.29								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01	2,081.89							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,400.89							
	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)	3,400.89							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,420.89							
	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 more than the the second								

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 035125
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the numbe ers, and (2) the cable system otal number of channels on wh ried television broadcast static otal number of activated chann se cable system carried televis oadcast services	s total number of activate iich the cable ons	d channels during the a	accounting period.	48 620
N Individual to Be Contacted		TO BE CONTACTED IF FUR		NEEDED (Identify an i	ndividual	
for Further Information	Name	RODNEY HASKINS			Telephone (903	) 579-3152
	Address 	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-			
	Email	RODNEY.HAS	KINS@ALTICEUSA.C	ОМ	Fax (optional	
0	CERTIFICATIO	<b>N</b> (This statement of account r	nust be certified and sign	ed in accordance with (	Copyright Office regulations)	
Certification		ned, hereby certify that (Check ner other than corporation or			as identified in line 1 of space B; or	
		in line 1 of space B and that icer or partner) I am an officer	he owner is not a corporat	ion or partnership; or	ent of the owner of the cable system he legal entity identified as owner of t	
	are true, comp	in line 1 of space B. ed the statement of account an lete, and correct to the best of cction 1001(1986)]	•	•		
	1		X /s/ Alan Da	annenbaum		
			Enter an electronic signat Enter signature using an			
		Typed or printe	d name: ALAN DA	NNENBAUM		
		Title:	SVP, PROGRAM			
		Date:			2/28/2023	

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: 2022/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	035125
<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</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
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	<b>Q</b> Interest Assessment
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days 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	

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