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.

		Return completed workbook by
FOR COPYRIGH	email to	
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

A	ACC	DUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYY	r/(Period))	
		2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2022/2	•	•	
		20222	Barcode Data Filing Period (optional - s	ee instructions)	
Accounting					
Period					
		Instructions:			
В		Give the full legal name of the owner of the subsidiary, not that of the parent corporation		of another corporation, give the full corporate title of th	ne
Owner		List any other name or names under which t	he owner conducts the business of the c	able system.	
		If there were different owners during the ac statement of account and royalty fee payments		ast day of the accounting period should submit a single .	
		Check here if this is the system's first filing.	f not, enter the system's ID number assi	gned by the Licensing Division.	040649
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF C	CABLE SYSTEM (IF DIFFERENT)		
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF C SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF C 3027 S SE LOOP 323	ABLE SYSTEM (IF DIFFERENT) ABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF C SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF C 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nur	ABLE SYSTEM (IF DIFFERENT) ABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF C SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF C 3027 S SE LOOP 323	ABLE SYSTEM (IF DIFFERENT) ABLE SYSTEM		
•		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF C SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF C 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nur TYLER, TX 75701 (City, town, state, zip) RUCTIONS: In line 1, give any busine	ABLE SYSTEM (IF DIFFERENT) ABLE SYSTEM aber) as or trade names used to identify	/ the business and operation of the system unle	
С		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF C SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF C 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nur TYLER, TX 75701 (City, town, state, zip) RUCTIONS: In line 1, give any busine	ABLE SYSTEM (IF DIFFERENT) ABLE SYSTEM aber) as or trade names used to identify	the business and operation of the system unleystem, if different from the address given in sp	
C System		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF C SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF C 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nur TYLER, TX 75701 (City, town, state, zip) RUCTIONS: In line 1, give any busines already appear in space B. In line 2 IDENTIFICATION OF CABLE SYSTEM:	ABLE SYSTEM (IF DIFFERENT) ABLE SYSTEM (ber) as or trade names used to identify give the mailing address of the s		
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	name:	CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF C SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF C 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nur TYLER, TX 75701 (City, town, state, zip) RUCTIONS: In line 1, give any busines already appear in space B. In line 2 IDENTIFICATION OF CABLE SYSTEM: IL RIVER CORRECTIONAL F MAILING ADDRESS OF CABLE SYSTEM:	ABLE SYSTEM (IF DIFFERENT) ABLE SYSTEM aber) as or trade names used to identify give the mailing address of the significant and address of the significa		

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Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	040649							
D	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 fillings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
Served									
	CITY OR TOWN	STATE							
First	CANTON	IL .							
Community	(IL RIVER CORR)								
Add Rows as Necessary									

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

040649

Ε

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.

BLo	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	0	-				
 Service to additional set(s) 						
FM radio (if separate rate)						
Motel, hotel						
Commercial	132	42.41				
Converter						
Residential						
Non-residential						

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	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
Pay cable	-	Motel, hotel				
 Pay cable—add'l channel 	-	Commercial				
Fire protection		• Pay cable				
•Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• 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: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 040649

4. LOCATION OF STATION

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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, *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 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

WAOE-1 PEORIA, IL WEEK-1 25 Ν PEORIA, IL WHOI-1 19 Ν PEORIA, IL WMBD-1 31 Ν PEORIA, IL WMEC-1 MACOMB, IL 22 Ε WTVP-1 47 Е PEORIA, IL WYZZ-1 43 ı **BLOMMINGTON, IL**

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 040649

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

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.

Primary Transmitters: Radio

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
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Accounting Perio	d· 2022/2					FOR	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:			101	SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	-C				040649		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
I	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								
Substitute	explanation of the programmi	_			general instru	ictions in the paper SA1	-2 form.		
Carriage: Special	1. SPECIAL STATEMENT								
Statement and	During the accounting peri	-	r cable system	carry, on a substitute basi	s, any nonnet				
Program Log	broadcast by a distant stat					YES	NO		
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the progra	am		
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their meaning i	s ·		
	clear. If you need more space	ce, please a	add additional r	ows to the tables.	·	_			
	Column 1: Give the title operiod, was broadcast by a			sion program ("substitute p					
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	ral instruction	ns for further information	on.		
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy" o	r		
			lcast live, enter	"Yes." Otherwise enter "N	o."				
		•		sting the substitute programe community to which the		need by the ECC or in			
	the case of Mexican or Can								
		•	when your syst	tem carried the substitute p	orogram. Use	numerals, with the mo	onth		
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	able system.	List the times accurate	ely		
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should be	,		
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	mming that v	our system was <i>require</i>	ed		
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period:	enter the let	ter "P" if the listed prog			
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	r FCC rules a	ind regulations in			
					\\\\\\	N CUDOTITUTE			
	S	SUBSTITUTE PROGRAM				N SUBSTITUTE AGE OCCURRED	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	6. TIMES FROM — TO	DELETION		
						_			
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	940649
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	3,563.40 pss receipts)
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 to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00.	nis 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		
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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 #		
	<u>Important:</u> 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		

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 040649
M Channels	to its subscribe 1. Enter the total system carrie 2. Enter the total	rs, and (2) the cable system's al number of channels on white detection broadcast station al number of activated channels.	s total numb		counting period.	7
		cable system carried television dcast services		st stations		66
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of accor		RMATION IS NEEDED (Identify an inc	lividual	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart		a number)		
		TYLER, TX 75701	unent, or suite	s number)		
		(City, town, state, zip)				
	Email	RODNEY.HASI	KINS@AL	TICEUSA.COM	Fax (optional	
	CERTIFICATION	(This statement of account m	nust be certi	ified and signed in accordance with Co	ppyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	one, <i>but onl</i> y	v one, of the boxes.)		
	(Owne	er other than corporation or p	partnership	o) I am the owner of the cable system as	identified in line 1 of space	B; or
	(Agent			rtnership) I am the duly authorized ager	nt of the owner of the cable s	system as identified
	X (Offic			not a corporation or partnership; or ition) or a partner (if a partnership) of the	legal entity identified as ow	ner of the cable system
	, (Office	in line 1 of space B.	(ii a corpora	mony or a partner (if a partnership) or the	regar chary lacramed as ow	ner of the cable system
		ete, and correct to the best of m	-	lare under penalty of law that all stateme ge, information, and belief, and are made		
	I		X	/s/ Alan Dannenbaum		
				lectronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Jol		
		Typed or printed	d name:	ALAN DANNENBAUM		
		Title:		ROGRAMMING		
		(11	iue or oπicial μ	position held in corporation or partnership)		
		Date:			2/28/2023	

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FORM SA1-2E. PAGE 8. Accounting Period: 2022/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 040649 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-P lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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 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 * 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

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