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

STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to				
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u></u>				
Cable Syste	ms (Short Form) ctions are located of this workbook.	2/28/2023	\$ 2/28/2023 ALLOCATION NUMBER					
Α	ACCOUNTING PERIOD COVE	RED BY THIS STATEMENT: (YY	YY/(Period))					
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
Accounting Period		20222 Barcode Data Filing Period (optional	- see instructions)					
В	Instructions: Give the full legal name of the own subsidiary, not that of the parent c		ary of another corporation, give the full corpora	ate title of the				
Owner		er which the owner conducts the business of the	e cable system. e last day of the accounting period should subm	nit a cingle				
		ee payment covering the entire accounting period						
	Check here if this is the system's fir	rst filing. If not, enter the system's ID number a	ssigned by the Licensing Division.	004254				
		AILING ADDRESS OF CABLE SYSTEM						
		ER OF CABLE SYSTEM (IF DIFFERENT)						
		ONS						
	MAILING ADDRESS OF OWNE	R OF CABLE SYSTEM						
	3027 S SE LOOP 323 (Number, street, rural route, apartment, c	or suite number)						
	TYLER, TX 75701	, 						
	(City, town, state, zip)	business or trade names used to iden	tify the business and operation of the s	unton unloss those				
С			e system, if different from the address g					
System	1	TEM:						
	MAILING ADDRESS OF CABLE S	VSTEM.						
	2 (Number, street, rural route, apartment, c							

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.

(City, town, state, zip code)

Accounting Period:	2022/2						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	FORM SA1-2E. PAGE 1b. SYSTEM ID# 004254					
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	SEYMOUR	TX					
Community							
Add Rows as Necessary							

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CEQUEL COMMUNICATIONS LLC									
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	SERS AND RAT	FS					
E	In General: The information in s					transmission se	ervice of th	e cable		
	system, that is, the retransmission									
Secondary	about other services (including p						ose existi	ng on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						e system	broken		
scribers and	down by categories of secondary									
Rates	each category by counting the n							charged		
	separately for the particular servi							a and the		
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•			-			
	category, but do not include disc	· ·	,		y standart		within a po			
	Block 1: In the left-hand block				es of seco	ondary transmiss	ion servic	e that cable		
	systems most commonly provide									
	that applies to your system. Note categories, that person or entity			Ũ		•				
	subscriber who pays extra for ca				••		•			
	first set" and would be counted o									
	Block 2: If your cable system I	-		•						
	printed in block 1 (for example, ti									
	with the number of subscribers a sufficient.	nd rates, in the	right-ha	and block. A two	o- or three	e-word descriptio	n of the se	ervice is		
		DCK 1					BLOCK	< 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	ERS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		36	50.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		15	45.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		SMISS	IONS: 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	•			•		• • •			
Other Than	amount of the charge and the un		usually	billed. If any rate	es are cha	arged on a varia	ble per-pro	ogram basis,		
Secondary	enter only the letters "PP" in the rate column.									
ransmissions: Rates	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									
Rates	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.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:	47.00			dential					
	Pay cable Add'l channel	17.00		tel, hotel nmercial						
	 Pay cable—add'l channel Fire protection 	19.00		nmerciai / cable						
	Burglar protection			/ cable-add'l cha	annel					
	•Burgiar protection			protection						
	• First set	99.00		glar protection						
	Additional set(s)	99.00 25.00		giar protection services:						
	• FM radio (if separate rate)	25.00		connect		40.00				
	• Converter			connect		40.00				
				let relocation		25.00				
	1		- Out	ist islocation		23.00	L			
			• Mov	ve to new addre	ss	99.00				

unting Period: 2	2022/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II 0042					
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried 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	(1) stations carried only on a part- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- icitions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream or the air in its community a noncommercial bendent), "I-M" tional multicast).					
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION								
	KAUZ-1	6	N	WICHITA FALLS, TX					
	KAUZ-2	6.2	I-M	WICHITA FALLS, TX					
Rows as Necessary	KERA-1	13	E	DALLAS, TX					
ions as necessary	KFDX-1	3	N	WICHITA FALLS, TX					
	KFDX(KJBO)-2	3.2	I	WICHITA FALLS, TX					
	KJTL-1	18		WICHITA FALLS, TX					
	KSWO-1	7	N	LAWTON, OK					
	KSW0-1	,	N						

CEQUEL CO	MMUNICA	TIONS	LLC						SYSTEM I 0042
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					ied on an	н
eceivable if (1) in the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by nonitoring, to rmation abou m. lentify the call tate whether t the radio stat	/ the sys be receivent t the Copension of e sign of e he station	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process t mark in the "S/D" column.	at 1 sy hi:	the system's hea /stem's FM anter s point, see page	adend, and (2) nna, during ce e (v) of the ge	it can b rtain sta neral ins	e expected, ted intervals. tructions in the.	Primary Transmitters Radio
			on (the community to which the community with which the				C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·		

Accounting Perio	d: 2022/2					F	ORM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				004254
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG			
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC0	C rules, regulat	tions, or authorization	s. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special	 During the accounting peri 	-		-	s. anv nonnetv	work television proar	ram
Statement and	broadcast by a distant stat				_, ,		
Program Log	2					YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mus	st complete the prog	jram
	log in block 2.	DROCRA	Me				
	2. LOG OF SUBSTITUTE In General: List each subst			e line. I lee abbreviations v	wherever noss	sible if their meaning	n ie
	clear. If you need more space				wherever pose		y 13
				sion program ("substitute p	program") that	, during the account	ing
	period, was broadcast by a						
	under certain FCC rules, reg						
	Do not use general categori "NBA Basketball: 76ers vs.		vies or daske	iball. List specific program	i titles, for exa	imple, I Love Lucy	or
			lcast live, enter	"Yes." Otherwise enter "N	lo."		
				sting the substitute program			
				e community to which the			in
	the case of Mexican or Can						a
	first. Example: for May 7 giv		when your syst	em carried the substitute p	brogram. Use	numerals, with the n	nonth
	, , , , ,		substitute proc	gram was carried by your o	able system	List the times accura	ately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	·		, ,	•	•	
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.	inning that y	our system wa	s permitted to delete undel	r roo rules al		
					WHE	N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	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	6. TIMES FROM — TO	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
	[_	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 004254
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	1,852.46 iss receipts)
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 \$ Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal 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 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 \$ 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		
	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	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 m		

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 004254
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	bers, and (2) the cable system otal number of channels on wh ried television broadcast static otal number of activated channel ne cable system carried televis	ons	ls during the aco	counting period.	7 59
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acco	THER INFORMATION IS NEEDED) (Identify an ind	vidual	
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	SKINS@ALTICEUSA.COM		Fax (optional	
0	CERTIFICATIO	N (This statement of account r	nust be certified and signed in acco	ordance with Co	oyright Office regulations)	
Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the o	cable system as	dentified in line 1 of space B; or	
	(Age		ration or partnership) I am the duly the owner is not a corporation or part		t of the owner of the cable system a	as identified
	 I have examin are true, comp 	in line 1 of space B. ed the statement of account and	(if a corporation) or a partner (if a pa d hereby declare under penalty of law my knowledge, information, and belie	v that all stateme	nts of fact contained herein	ne cable system
	1		X /s/ Alan Dannenba	aum		
			Enter an electronic signature on the Enter signature using an "/s/ signat		•	
		Typed or printe	ed name: ALAN DANNENE	BAUM		
		Title:	SVP, PROGRAMMING	or partnership)		
		Date:			2/28/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	004254
 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." 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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	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	
(interest charge)	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 	
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.	
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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	
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