This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
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 COPYRIC	Return completed workbook by email to		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@copyright.gov</u> For additional information,	
General instructions are located in the first tab of this workbook.	2/28/2023	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YY/(Period))		

		2022/2 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		JAMES CRABTREE CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM:
	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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC	063349					
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.						
First	CITY OR TOWN HELENA	OK					
Community	(JAMES CRABTREE CORR)						
Add Rows as Necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SI	STEM ID	
Name	CEQUEL COMMUNICAT	IONS LLC							06334	
	SECONDARY TRANSMISSION				TES.					
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						iose existir	ng on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						o ovotom	brokon		
scribers and	down by categories of secondary									
Rates	each category by counting the n									
	separately for the particular serv							-		
	Rate: Give the standard rate c	-	-	•			-			
	unit in which it is generally billed category, but do not include disc	· · ·	,		y standaro	d rate variations	within a pa	articular rate		
	Block 1: In the left-hand block				es of seco	ondarv transmiss	ion service	e that cable		
	systems most commonly provide	•		•						
	that applies to your system. Note	e: Where an ind	lividual	or organization	is receivir	ng service that fa	alls under o	different		
	categories, that person or entity						•			
	subscriber who pays extra for ca					in the count und	er "Service	e 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, t	•								
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or three	-word descriptio	n of the se	ervice is		
	sufficient.			I				<u> </u>		
	BL	OCK 1 NO. OF					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		0	-						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		11	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES						
F	In General: Space F calls for rat		'		•					
I	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•			-		0 ()			
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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.									
		BLOC	CK 1					BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVIC	E RATE	
	Continuing Services:		Installa	tion: Non-resi	dential					
	• Pay cable	-	• Mot	el, hotel						
	 Pay cable—add'l channel 	-	• Con	nmercial						
	 Fire protection 		• Pay	cable						
	 Burglar protection 		• Pay	cable-add'l ch	annel					
	Installation: Residential		• Fire	protection						
	• First set	-	• Bur	glar protection						
	 Additional set(s) 	_		ervices:						
	• FM radio (if separate rate)		• Rec	onnect		-				
	• Converter		• Disc	connect						
			• Out	let relocation		-				
			• MO\	/e to new addre	ess	-				

nting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I
	CEQUEL COMMUNIC	ATIONS LLC		06334
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on		(1) stations carried only on a part- e carriage of certain network prog I (e)(2) and (4))]; and (2) certain sta rried by your cable system on a su ne Special Statement and Program	time basis under rams [sections ations carried on a ubstitute program n Log)—if the
	basis. For further information Column 1: List each station	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	see page (v) of the general instruc rogram services such as HBO, ES	ctions. PN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the channe	5	.	
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to	a case whether the station is a network s ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru on of each station. For U.S. stations, list	or network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	pendent), "I-M" tional multicast).
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-1	43	<u>I</u>	OKLAHOMA CITY, OK
	KETA-1	13	E	OKLAHOMA CITY, OK
vs as Necessary	KFOR-1	4	Ν	OKLAHMA CITY, OK
	KOCB-1	34	Ι	OKLAHOMA CITY, OK
	КОСО-1	5	N	OKLAHOMA CITY, OK
	KOKH-1	25	I	OKLAHOMA CITY, OK
	KOPX-1	62	I	OKLAHOMA CITY, OK
	KSBI-1	52	I	OKLAHOMA CITY, OK
	KTUZ-1	30	I	SHAWNEE, OK
	KUOK-1	35	I	WOODWARD, OK
	KWTV-1	9	N	OKLAHOMA CITY, OK
				1

EGAL NAME OF								SYSTEM I 0633
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recein t the Cop sign of e he static ion's sign a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e 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 ertain 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	
						ł		

Accounting Perio	d: 2022/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF (CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				063349
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG			
	In General: In space I, identit	fy every non	network televisi	on program, broadcast by a	distant static	on, that your cable s	system carried on a
Substitute	substitute basis during the ac explanation of the programmi						
Carriage:	1. SPECIAL STATEMENT		NING SUBSTI	TUTE CARRIAGE			
Special	 During the accounting peri 	iod, did youi	r cable system	carry, on a substitute basis	s, any nonne	twork television pr	rogram
Statement and Program Log	broadcast by a distant stat	ion?				V	
	Note: If your answor is "No.	" loovo tho	rost of this pag	o blank. If your answor is "			
	Note: If your answer is "No,	leave life	rest or this pag	e blank. Il your answer is	res, you mu	ust complete the p	Togram
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their mea	ning is
	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, req						
	Do not use general categori						
	"NBA Basketball: 76ers vs.			"Mar " Othersian antes "N	- "		
				"Yes." Otherwise enter "N sting the substitute program			
				e community to which the		ensed by the FCC	or, in
	the case of Mexican or Can						
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	e numerals, with th	e month
			substitute prog	gram was carried by your o	able system	. List the times ac	curately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	r "D" if the	liated program	was substituted for progra	mming that w	our ovotom waa r	oquirod
	to delete under FCC rules a						
	was substituted for program						
	effect on October 19, 1976.						
					WHF	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			IAGE OCCURRE	D 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
						_	
						_	
						_	
						_	
						_	
						<u>_</u>	
						_	
						_	
						<u>_</u>	
						_	
						_	
						-	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063349
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.	nission service Imount, see	2,835.00 ss 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		0.00
	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		
Filler Fr			
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 #		
	<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 m		

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 063349
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, 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	Is during the acc	ounting period.	11 15
N Individual to Be Contacted		TO BE CONTACTED IF FUR	THER INFORMATION IS NEEDED	l (Identify an indiv	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	must be certified and signed in acco	ordance with Cop	pyright Office regulations)	
Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the o	cable system as id	dentified in line 1 of space B; or	
		in line 1 of space B and that	ration or partnership) I am the duly the owner is not a corporation or part ; (if a corporation) or a partner (if a pa	nership; or		
	are true, comp		d hereby declare under penalty of law my knowledge, information, and belie			
	1		X /s/ Alan Dannenba	aum		
			Enter an electronic signature on the Enter signature using an "/s/ signature			
		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	06334
 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? 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
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	
(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.	
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	

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