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 COPYRIG	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	8-29-23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.	0-29-25	ALLOCATION NUMBER	(202) 707-8150.
	BY THIS STATEMENT: (VY)	VY/(Period))	

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	20231 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)
	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	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:
	HAZEN, AR
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	000143
	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated com	nity" is the same as a "community unit" as defined in FCC rules: "a
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	HAZEN	AR
Community	CARLISLE	AR
	DEVALLS BLUFF	AR
Add Rows as Necessary	PRAIRIE COUNTY(PORTION)	AR

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							SA1-2E. PAGE YSTEM ID	
Name	CEQUEL COMMUNICAT							-	00014	
Е	SECONDARY TRANSMISSION In General: The information in s					/ transmission s	ervice c	of the cable		
_	system, that is, the retransmission			-	•					
Secondary	about other services (including p						nose ex	isting on the		
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be).									
scribers and	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	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 serv									
	<b>Rate:</b> Give the standard rate clunit in which it is generally billed.	-	-	•				-		
	category, but do not include disc	· · ·	,		y stanuar		within			
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categori		•				
	systems most commonly provide									
	that applies to your system. <b>Note</b> categories, that person or entity			-		-				
	subscriber who pays extra for ca					0,				
	first set" and would be counted o	nce again unde	er "Servi	ce to additiona	set(s)."					
	Block 2: If your cable system I	0		,						
	printed in block 1 (for example, ti with the number of subscribers a									
	sufficient.		- ngint ne							
	BLC	OCK 1					BLC	OCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBER	S RATI	
	Residential:	00000000			0,11			00000110021		
	Service to first set		54	50.00						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		9	45.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO	ONDARY TRAN	NSMISS	IONS: RATES						
F	In General: Space F calls for rat		'		•					
Г	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services	•					•	· ·		
Other Than										
Secondary	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.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
	<b>Block 2:</b> 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	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CAT	EGORY OF SERVI	CE RATE	
	Continuing Services:			tion: Non-resi	dential					
	• Pay cable	17.00		el, hotel						
	Pay cable—add'l channel     Fire protection	19.00		nmercial						
	Fire protection			cable						
	•Burglar protection			cable-add'l ch	annei					
	Installation: Residential     • First set	00.00		protection						
	Additional set(s)	99.00 25.00		glar protection						
		20.00	Suidi S							
	( )		• Rec	onnect		40 00				
	• FM radio (if separate rate) • Converter			connect		40.00				
	• FM radio (if separate rate)		• Disc			40.00 25.00				

	LEGAL NAME OF OWNER O			SYSTEM
Name				0001
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eaci educational station, by entu (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta rried by your cable system on a sul e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial education to in the paper SA1-2 form. the community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the o on some other itions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-1	4	N	LITTLE ROCK, AR
	KARZ-1	42	I	LITTLE ROCK, AR
ows as Necessary	KASN-1	38	I	PINE BLUFF, AR
	KATV-1	7	N	LITTLE ROCK, AR
			_	
	KETS-1	2	E	LITTLE ROCK, AR
	KETS-1 KKAP-1			
	KKAP-1	36	E E	LITTLE ROCK, AR
	KKAP-1 KLRT-1	36 16		LITTLE ROCK, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1	36 16 49	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11		LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1	36 16 49	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR
	KKAP-1 KLRT-1 KMYA-1 KTHV-1	36 16 49 11	E I I	LITTLE ROCK, AR LITTLE ROCK, AR CAMDEN, AR LITTLE ROCK, AR

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.         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, bo the received at the headend, with the system's FM antenna, during certain stated Intervals. For databilit dimension but bits point, see page (v) of the general instructions in the. paper SA1-2 form.         Column 1: Identify the call sign of each station carried.         Column 2: State whether the station is AM or FM.         Column 3: State whather the station is location (the community with which the station is located by the Carlie system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.         Column 4: Give the station is location (the community with which the station is located by the CARL SIGN AM or FM S/D LOCATION OF STATION         CALL SIGN       AM or FM S/D       LOCATION OF STATION       CALL SIGN AM or FM S/D       LOCATION OF STATION         CALL SIGN       AM or FM S/D       LOCATION OF STATION       CALL SIGN AM or FM S/D       LOCATION OF STATION         Call SIGN       AM or FM S/D       LOCATION OF STATION       CALL SIGN AM or FM S/D       LOCATION OF STATION <t< th=""><th>Primary Transmitters Radio</th></t<>	Primary Transmitters Radio
n 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eceivable 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. baper SA1-2 form. 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).	Primary Transmitters
<ul> <li>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eccivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, in 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 aper SA1-2 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column.</li> <li>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).</li> </ul>	Transmitters
CALL SIGN         AM OF PM         S/D         LOCATION OF STATION         CALL SIGN         AM OF PM         S/D         LOCATION OF STATION           I	
Image: Section of the section of th	
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Accounting Perio	u. 2023/1						FUr	RM SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	.C					000143	
	SUBSTITUTE CARRIAGE	: SPECIAL	STATEMEN	T AND PROGRAM LOG	<b>i</b>				
Substitute	<b>In General:</b> In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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:	1. SPECIAL STATEMENT	-			- <b>3</b>				
Special	During the accounting per	-			is any nonnet	twork telev	vision prograu	m	
Statement and Program Log	broadcast by a distant star	•	54.2.10 0 J 010.111		,,			XNO	
Program Log	5				«) /		YES		
	Note: If your answer is "No	," leave the r	rest of this pag	e blank. If your answer is	"Yes," you mu	ist comple	te the progra	IM	
	log in block 2. 2. LOG OF SUBSTITUTE		Me						
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir meaning i	s	
	clear. If you need more spa						si meanig i	-	
				sion program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
		n was broad		"Yes." Otherwise enter "N					
				sting the substitute progra e community to which the		need by th	e ECC or in		
	the case of Mexican or Can								
	Column 5: Give the mor	nth and day v	when your syst	em carried the substitute	program. Use	numerals	, with the mo	nth	
	first. Example: for May 7 giv		aubatituta prov	rom was carried by your	achla avatam	List the tim	maa aaaurat		
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				зіу	
	stated as "6:00–6:30 p.m."	•		, ,		•			
	Column 7: Enter the lette			was substituted for progra					
	<b>Column 7:</b> Enter the letter to delete under FCC rules a	and regulatio	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed prog		
	Column 7: Enter the lette	and regulatio	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed prog		
	<b>Column 7:</b> Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulatio	ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if th ind regulat	ie listed prog ions in		
	<b>Column 7:</b> Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	ram	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulatio	ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a WHE CARR	ter "P" if th ind regulat EN SUBST	e listed prog cions in FITUTE CURRED	7. REASON FOR	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	IISTED Prog	7. REASON FOR	

Accounting Period:	<b>2023/1</b> FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY CEQUEL COMMUNICATIONS LLC	STEM ID# 000143
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	<b>,007.80</b> ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800.</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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 this six-month accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 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 \$ 263,800.00	
	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)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 000143
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable system carried televi rs, and (2) the cable system's total number of activated channels during the accou al number of channels on which the cable ed television broadcast stations	unting period.
	on which th	al number of activated channels e cable system carried television broadcast stations adcast services	85
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individ t about this statement of account.)	lual
for Further Information	Name	RODNEY HASKINS	Telephone (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email		ax (optional
O Certification	I, the undersig     (Owr     (Age     X (Off     I have examinare true, comp	(This statement of account must be certified and signed in accordance with Copyr ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as ide t of owner other than corporation or partnership) I am the duly authorized agent of in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg in line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements ete, and correct to the best of my knowledge, information, and belief, and are made in tion 1001(1986)]	ntified in line 1 of space B; or f the owner of the cable system as identified gal entity identified as owner of the cable system s of fact contained herein
		Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John S	•
		Typed or printed name: <b>ALAN DANNENBAUM</b>	
l		Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
		Date:	8/29/2023

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	000143
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: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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></ul>	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here	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 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       \$       -         * 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	Interest Assessment

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C	Cable Worksheet		Total amount of remittance	Nu	mber of SAs rec'd	1	Initials	
			Date of remittance	Check	🗆 EFT	🗆 FILIN	G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocati	on number			
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No spa	ces)	
Period		r sent	C	] Information re	eceived			
		oted	C	] Phone call/Da	te/Contact			
Space B Owner								
	□ Letter	rsent	C	Information re	eceived			
		oted	C					
Space D Area Served								
	□ Letter	r sent	Ľ	Information re	eceived			
		oted	C	] Phone call/Da	te/Contact			
Space E Secondary Transission								
Service Subscribers:	□ Letter	r sent	C	] Information re	eceived			
and Rates		oted	C	] Phone call/Da	te/Contact			
Space G Primary Transmitters:								
Television	□ Letter	r sent	C	] Information r	eceived			
		oted	C	] Phone call/Da	ite/Contact			
Space H Primary Transmitters:								
Radio		oted	[	] Phone call/Da	ite/Contact			

		Carriage
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
C Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
	□ Info/add'l fee received	
□ Letter sent		