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 C	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>	
General instructions a	re located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at	
in the first tab of this w	vorkbook.	2-28-25	ALLOCATION NUMBER	(202) 707-8150.	
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Accounting Period			
Accounting Period         Instructions:           B         Instructions:           Owner         Instructions:           Instructions:         Instructions:           Cecumity         Instructions:           Instructions:         Instructions:           Owner         Instructions:           Instructions:			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period  R Accounting Period  R Accounting Period R Accounting Period R Accounting Period R Accounting Period R Accounting Period R Accounting Pe			
Accounting Period  R Accounting Period  R Accounting Period R Accounting Period R Accounting Period R Accounting Period R Accounting Period R Accounting Pe			
Period         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.           Diverer         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 filling. If not, enter the system's ID number assigned by the Licensing Division.         000137           LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM         CEQUEL COMMUNICATIONS LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           SUDDENLINK COMMUNICATIONS         MALING ADDRESS OF OWNER OF CABLE SYSTEM (3027 S SE LOOP 323 (Number, streat, run route, apartment, or sule number)         MALING ADDRESS or Fable SYSTEM (SST S SE LOOP 323)           Number, streat, run route, apartment, or sule number)         TYLER, TX 75701 (System         Important count of the account of the system in space B. In line 2, give the mailing address of the system, if different from the address given in space B. In space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         Dever, RAR         MALING ADDRESS OF CABLE SYSTEM:           2         (Number, streat, run route, apartment, or sule number)         Maline Address of the system:         Maline Address of t			20242 Barcode Data Filing Period (optional - see instructions)
B       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.         User or names under which the owner conducts the business of the cable system.       It is 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 accounting period.       D00137         If there were different owners first filing. If not, enter the system's ID number assigned by the Licensing Division.       D00137         IEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       CEQUEL COMMUNICATIONS LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)       SUDDENLINK COMMUNICATIONS         SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF CABLE SYSTEM         3027 S SE LOOP 323       Nameler, oral cable system's ID number         Number, weat, num route, spathment, or suble number)       The system of a cable system         The RT, TX 75001       ICON, town, state, 200         IDOVER, AR       MAILING ADDRESS OF CABLE SYSTEM:         1       DOVER, AR         MAILING ADDRESS OF CABLE SYSTEM:       IDOVER, AR         1       DOVER, AR	-		
B       subsidiary, not that of the parent corporation.         Ust 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.       D00137         IEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       CEQUEL COMMUNICATIONS LLC         BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (F DIFFERENT)       SUDDENLINK COMMUNICATIONS         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       3027 S SE LOOP 323         Wonder, steller, Tural rodat, apathement, or suite number)       TUREP, TX 75701         TUREP, TX 75701       TOP         IDVIEWING ADDRESS OF CABLE SYSTEM:       accent of the system unless these 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       DOVER, AR         MAILING ADDRESS OF CABLE SYSTEM:       2         2       Number, street, runar rodat, apathment, or suite number)			Instructions:
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.       000137         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       000137         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       CEQUEL COMMUNICATIONS LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       SUDDENLINK COMMUNICATIONS         SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF CABLE SYSTEM         3027 S SE LOOP 323       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         3027 S SE LOOP 323       (Kumber: street, rural route, apartment, or sulte number)         TYLER, TX 75701       (City, town, index, apartment, or sulte number)         TYLER, TX 75701       (Dify, town, index, apartment, or sulte number)         1       IDENTIFICATION OF CABLE SYSTEM:         2       IDENTIFICATION OF CABLE SYSTEM:         2       NAILING ADDRESS OF CABLE SYSTEM:         2       Nailling AdDRESS OF CABLE SYSTEM:	В		
Statement of account and royalty fee payment covering the entire accounting period.       000137         Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.       000137         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       CEQUEL COMMUNICATIONS LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)       SUDDENLINK COMMUNICATIONS         SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF CABLE SYSTEM         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       3027 S SE LOOP 323         (Number, street, rual route, apartment, or suite number)       TYLER, TX 75701         (Division, state, 2p)       INSTRUCTIONS: 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.         1       DENTIFICATION OF CABLE SYSTEM:         0VER, AR       MAILING ADDRESS OF CABLE SYSTEM:         2       Number, street, rual route, apartment, or suite number)	Owner		List any other name or names under which the owner conducts the business of the cable system.
Create here it this is the system's hirst fulling, if not, enter the system s ib 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, spartment, or sulte number]  TYLER, TX 75701 [City, Ibum, state, 2p)  NSTRUCTIONS: 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.  1 DEVER, AR  MAILING ADDRESS OF CABLE SYSTEM: 2 [Number, street, rural route, spartment, or sulte number]			
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, 2p)           INSTRUCTIONS: 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.           1         IDENTIFICATION OF CABLE SYSTEM: DOVER, AR           2         (Number, street, rural route, apartment, or sulle number)			Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
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, 2p)           INSTRUCTIONS: 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.           1         IDENTIFICATION OF CABLE SYSTEM: DOVER, AR           2         (Number, street, rural route, apartment, or sulle number)			
C         INSTRUCTIONS: 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.           1         IDENTIFICATION OF CABLE SYSTEM: DOVER, AR           2         (Number, street, rural route, apartment, or suite number)			LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
SUDDENLINK COMMUNICATIONS         SUDDENLINK COMMUNICATIONS         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)         INSTRUCTIONS: 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.         1       IDENTIFICATION OF CABLE SYSTEM:         OVER, AR       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			CEQUEL COMMUNICATIONS LLC
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)         INSTRUCTIONS: 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.         1       IDENTIFICATION OF CABLE SYSTEM: DOVER, AR         2       (Number, street, rural route, apartment, or suite number)			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
3027 S SE LOOP 323         (Number, street, rural route, apartment, or suite number)         TYLER, TS7701         (City, town, state, zip)         INSTRUCTIONS: 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.         1       IDENTIFICATION OF CABLE SYSTEM:         DOVER, AR       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			SUDDENLINK COMMUNICATIONS
Image: Number, street, rural route, apartment, or suite number)         TYLER, TX 75701         (City, town, state, zip)         INSTRUCTIONS: 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.         1       IDENTIFICATION OF CABLE SYSTEM:         0VER, AR       DOVER, AR         1       INSUME, street, rural route, apartment, or suite number)			MAILING ADDRESS OF OWNER OF CABLE SYSTEM
Image: City, town, state, zip)         Image: City, town, state, zip)         Image: Already appear in space 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: DOVER, AR         2       (Number, street, rural route, apartment, or sulte number)			
Image: System       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:         DOVER, AR         MAILING ADDRESS OF CABLE SYSTEM:         (Number, street, rural route, apartment, or suite number)			
1         DOVER, AR           MAILING ADDRESS OF CABLE SYSTEM:           2           (Number, street, rural route, apartment, or suite number)	С		
DOVER, AR         MAILING ADDRESS OF CABLE SYSTEM:         (Number, street, rural route, apartment, or sulte number)	System	4	IDENTIFICATION OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)		Ĩ	DOVER, AR
			MAILING ADDRESS OF CABLE SYSTEM:
		2	
(City town state zin code)			
			(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.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	000137							
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	DOVER	AR							
Community	POPE COUNTY (PORTIONS)	AR							
Add Rows as Necessary									

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE				
Name	CEQUEL COMMUNICAT	IONS LLC							00013				
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES								
E		<b>In General:</b> 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											
<b>.</b> .													
Secondary Transmission		<i>,</i> , ,	,		,		iose existi	ng on the					
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken												
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged												
	separately for the particular service at the rate indicated—not the number of sets receiving service). 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.	-	-	•			-						
	<b>°</b>	· · ·	,		y standar		widini a p						
	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												
	that applies to your system. Note			-		-							
	categories, that person or entity subscriber who pays extra for ca						•						
	. ,												
	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, ti												
	with the number of subscribers a	nd rates, in the	e right-ha	and block. A tw	o- or three	e-word descriptio	n of the se	ervice is					
	sufficient.	DCK 1					BLOC	(2					
		NO. OF						NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI				
	Residential:		440	50.00									
	Service to first set		112	50.00									
	• Service to additional set(s)												
	• FM radio (if separate rate)												
	Motel, hotel Commercial		42	45.05									
			12	45.95									
	Converter     Residential												
	Non-residential												
	SERVICES OTHER THAN SECO	ONDARY TRAI	NSMISS	IONS: RATES									
F	In General: Space F calls for rat												
I	not covered in space E, that is, the service for a single fee. There are												
Services	furnished at cost or (2) services	•	,		0		0()						
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:	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.												
Rates	<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 SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE				
	Continuing Services:		Installa	tion: Non-resi	dential								
	• Pay cable	17.00	• Mot	el, hotel									
	Pay cable—add'l channel	19.00	• Cor	nmercial									
	· Fire pretection		• Pay	cable									
	Fire protection		• Pav	and and a second s	annel								
	Burglar protection		,	cable-add'l ch									
	•			protection									
	•Burglar protection	99.00	• Fire										
	•Burglar protection Installation: Residential	99.00 25.00	• Fire • Bur	protection									
	•Burglar protection Installation: Residential • First set		• Fire • Bur Other s	protection glar protection		40.00							
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bur • Bur • Rec	protection glar protection services:		40.00							
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire • Bur • Bur • Rec • Disc	protection glar protection services: connect		40.00							

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM									
Name	CEQUEL COMMUNIC	ATIONS LLC		000									
	PRIMARY TRANSMITTERS:	TELEVISION											
G		<b>General:</b> In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections											
-	FCC rules and regulations	C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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											
Primary Fransmitters:		e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	ations carried on a									
Television	Substitute Basis Stations	: With respect to any distant stations car	ried by your cable system on a su	ibstitute program									
	• Do not list the station her	ules, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program	Log)—if the									
	<ul> <li>station was carried only or</li> <li>List the station here, and</li> </ul>	a substitute basis. also in space I, if the station was carried	both on a substitute basis and als	so on some other									
		on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro											
		d with a station according to its over-the-	•										
	"WETA-2" as the same on	the form. el number the FCC assigned to the telev	ision station for broadcasting over	r the air in its community									
	of license. For example, W	RC is channel 4 in Washington, D.C.	, C										
		n case whether the station is a network st ering the letter "N" (for network), "N-M" (fo	, , ,										
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial educat										
		erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t		n is licensed by the									
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station	n is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION									
	KAFT-1	13	E	FAYETTEVILLE, AR									
	KAFT-2	13.2	E-M	FAYETTEVILLE, AR									
Rows as Necessary	KAFT-3	13.3	E-M	FAYETTEVILLE, AR									
	KAFT-4	13.4	E-M	FAYETTEVILLE, AR									
	KAFT-HD1	13	E-M	FAYETTEVILLE, AR									
	KARK-1	4	N	LITTLE ROCK, AR									
	KARK-2	4.2	I-M	LITTLE ROCK, AR									
	KARK-3	4.3	I-M	LITTLE ROCK, AR									
	KARK-HD1	4	N-M	LITTLE ROCK, AR									
	KARZ-1	42	I	LITTLE ROCK, AR									
	KARZ-2	42.2	I-M	LITTLE ROCK, AR									
	KARZ-HD1	42	I-M										
		42	1-141	LITTLE ROCK, AR									
	KASN-1	38	I-M	PINE BLUFF, AR									
	KASN-1	38		PINE BLUFF, AR PINE BLUFF, AR									
	KASN-1 KASN-HD1	38 38	I-M I	PINE BLUFF, AR									
	KASN-1 KASN-HD1 KATV-1	38 38 7 7.2	I-M I N	PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR									
	KASN-1 KASN-HD1 KATV-1 KATV-2	38 38 7	I-M I N I-M	PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR									
	KASN-1 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1	38 38 7 7.2 7.3 7	I-M I N I-M I-M	PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR									
	KASN-1 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KKAP-1	38       38       7       7.2       7.3       7       36	I-M I N I-M I-M N-M	PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR									
	KASN-1 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KKAP-1 KLRT-1	38       38       7       7.2       7.3       7       36       16	I-M I N I-M I-M I-M E I	PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR									
	KASN-1 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KKAP-1 KLRT-1 KLRT-HD1	38       38       7       7.2       7.3       7       36       16       16	I-M I N I-M I-M E I I I-M	PINE BLUFF, AR         PINE BLUFF, AR         LITTLE ROCK, AR									
	KASN-1 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KKAP-1 KLRT-1 KLRT-HD1 KMYA-1	38       38       7       7.2       7.3       7       36       16       49	I-M I N I-M I-M I-M E I I I I-M I	PINE BLUFF, AR         PINE BLUFF, AR         LITTLE ROCK, AR									
	KASN-1 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KKAP-1 KLRT-1 KLRT-HD1	38       38       7       7.2       7.3       7       36       16       16	I-M I N I-M I-M E I I I-M	PINE BLUFF, AR         PINE BLUFF, AR         LITTLE ROCK, AR									

ccounting Period:	2024/2			FORM SA1-2E. PAGE					
Nama	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM II					
Name	CEQUEL COMMUNIC	CATIONS LLC		00013					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	entify every television station (including em during the accounting period, except in effect on June 24, 1981, permitting tl	(1) stations carried only on a part-	time basis under					
Primary Transmitters: Television	substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca							
		ules, regulations, or authorizations: re in space G—but do list it in space I (t n a substitute basis.	he Special Statement and Program	n Log)—if the					
	• List the station here, and	also in space I, if the station was carrie							
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p							
		ed with a station according to its over-the	e-air designation. For example, rep	port multistream					
	"WETA-2" as the same on Column 2: Give the chann	the form. The number the FCC assigned to the tele	vision station for broadcasting ove	r the air in its community					
		RC is channel 4 in Washington, D.C.	station on independent station or	a popoermoroial					
	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).								
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KTHV-HD1	11	N-M	LITTLE ROCK, AR					
	KVTN-1	25	I	PINE BLUFF, AR					
	KVTN-HD1	25	1	PINE BLUFF, AR					

EGAL NAME OF									SYSTEM 000 <sup>7</sup>
	every radio s	station ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether is the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t th sys nis ed	e system's hea stem's FM anter point, see page by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC	) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0	LOCATION OF STATION	+	UALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5			
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	_C					000137			
1	SUBSTITUTE CARRIAGE	-	-								
•	In General: In space I, identities										
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry on a substitute basis, any nonnetwork television program										
Statement and	broadcast by a distant stat				o, any normor			× NO			
Program Log	-						YES				
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete	the program	n			
	log in block 2.										
	2. LOG OF SUBSTITUTE			a lina. Llaa ahbraviatiana v	wherever	aibla if thair	, maaning ia				
	In General: List each subst clear. If you need more spa				wherever pos	sidie, it their	meaning is				
				sion program ("substitute p	program") that	t, during the	accounting				
	period, was broadcast by a	distant stati	on and that you	ir cable system substituted	d for the prog	ramming of	another stat	tion			
	under certain FCC rules, re							۱.			
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or				
			lcast live. enter	"Yes." Otherwise enter "N	0."						
				sting the substitute program							
				e community to which the			FCC or, in				
	the case of Mexican or Can						with the men	,th			
	first. Example: for May 7 giv		when your syst	em carried the substitute p	logram. Use	numerais, v	with the mor	iun			
			substitute prog	gram was carried by your c	able system.	List the tim	es accurate	ly			
	to the nearest five minutes.										
	stated as "6:00–6:30 p.m."	"D" :( 1)	P. 4. 1.								
	to delete under FCC rules a			was substituted for progra							
	was substituted for program										
	effect on October 19, 1976.					•					
			E PROGRAM			N SUBSTI AGE OCCU		7. REASON FOR			
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то				
						-	_				
							_				
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Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 000137
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	I,085.26
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 #		
	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:	2024/2						FORM SA1-2E. PAGE 7		
Name		F OWNER OF CABLE SYSTEM: MMUNICATIONS LLC					SYSTEM ID# 000137		
M Channels	to its subscri 1. Enter the t system ca 2. Enter the t on which t	: You must give (1) the number bers, and (2) the cable system otal number of channels on wi rried television broadcast stati otal number of activated chan he cable system carried televis oadcast services	's total numbe nich the cable ons nels sion broadcas	r of activated channels durin	ng the accour	nting period.	28 301		
N Individual to	INDIVIDUAL	TO BE CONTACTED IF FUR	THER INFOR						
Be Contacted for Further Information	Name	RODNEY HASKINS				Telephone (90	3) 579-3152		
	Address 	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)		number)					
	Email	RODNEY.HA	SKINS@ALT	ICEUSA.COM	Fa	x (optional			
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>								
			Enter an ele	S/ Alan Dannenbaum ctronic signature on the line ab ure using an "/s/ signature" (e.,	•				
		Typed or printe	ed name:	ALAN DANNENBAUM	I				
		Title:		COGRAMMING	rship)				
		Date:				2/28/2025			

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.

ccounting Period: 2024/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
EQUEL COMMUNICATIONS LLC	000137
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <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."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       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. 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	
<ul> <li>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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.

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials			
		Date of remittance	Check  EFT	□ FILING FEES			
Cable ID #				Amount Initials			
Examined by	Reviewed by	Date examination completed	Allocation number				
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (for Jul-I	Dec period) No spaces)			
Period	□ Letter sent		Information received				
			Phone call/Date/Contact				
Space B Owner							
	Letter sent		Information received				
			Phone call/Date/Contact				
Space D Area Served							
	Letter sent		Information received				
	□ Accepted		Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	Letter sent		□ Information received				
and Rates			Phone call/Date/Contact				
Space G Primary Transmitters:							
Television	□ Letter sent	C	Information received				
		E	] Phone call/Date/Contact				
Space H Primary Transmitters:							
Radio	Accepted	C	] Phone call/Date/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	
□ Accepted	Phoe call/Date/Contact	
		Space M Channels
□ Letter sent	Information received	
C 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		