This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017,	/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	Return completed workbook b email to	
DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>
2-28-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting Period		20242 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						
		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)						
•	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С		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:						
		CLARKSVILLE, TX						
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	035534
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated	munity" 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 community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	bile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	CLARKSVILLE	TX
Community	ANNONA	TX
	AVERY	ТХ
Add Rows as Necessary	BLOSSOM	ТХ
	BOGATA	ТХ
	DEPORT	ТХ
	DETROIT	TX
	LAMAR COUNTY (PORTIONS)	TX
	TALCO	TX

Name         CEQUEL COMMUNICATIONS LLC           E         Secondary Transmission         SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categores of secondary transmission service of the cable system, that is, the retransmission of television and nation broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F. not here. All he facts you statem to subscribers. Give information about other services (including pay cable) in space F. not here. All he facts you statem to subscribers to the cable system, toxich down by categories of secondary transmission service of 1. as the case may be).           Number of Subscribers: Both blocks in space F. not here. All he facts you statem to subscribers in the each category by to counting period (Law 30 or December 31 - as the case may be).           Number of Subscribers: Both blocks in space F. not here. All he facts you statem to change system, that is, here allowed for each category of service. Include do both meanous of the cable system, that site allowed for advance payment.           Bite Oth Include discound block in space E. the form lists the category is the standard rate changed systems most commonly provide to build be counted are as subscriber in each expliciable category. That applies to you system. Note: Where an individual or organization is neaving service that falls under different subscribers and rate, in the hight-hand block. A two- or three-word description of the service is subscribers and rate, in the hight-hand block. A two- or three-word description of the service is subscribers and rate, in the hight-hand block. A two- or three-word description of the service is solve to to safet for search (Law capecity the number of alowed rate system) services that were not covered in space E. Th	LEGAL NAME OF OWNER OF CABLE SYSTEM:											ORM SA1-	TEM ID
E         In General: The information in space E should cover all categories of secondary transmission services. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (Lune 30 or December 31, as the case may be).           Service: Sub- scriber: and Rates         Number of Subscribers: Both blocks in space E call for the number of subscribers in the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service).           Rate:         Secondary each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service).           Rate:         Generally billing in that category (the number of subscribers and rate or categore and the unit mich in his line based E; the form). Summarize any standard rate variations within a particular rate var- categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for catalia or searching service that fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who payse that for cataling services that include one or more secondary transmission service is a sufficient.           Block X1         BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         NO. OF         Services to first set - Service to dratistis the right-hand block. A two- or three-word description in													03553
E         In General: The information in space E should cover all categories of secondary transmission services. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (Lune 30 or December 31, as the case may be).           Service: Sub- scriber: and Rates         Number of Subscribers: Both blocks in space E call for the number of subscribers in the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service).           Rate:         Secondary each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service).           Rate:         Generally billing in that category (the number of subscribers and rate or categore and the unit mich in his line based E; the form). Summarize any standard rate variations within a particular rate var- categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for catalia or searching service that fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who payse that for cataling services that include one or more secondary transmission service is a sufficient.           Block X1         BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         NO. OF         Services to first set - Service to dratistis the right-hand block. A two- or three-word description in		SEC	CONDARY TRAN	ISMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES					
Secondary Transmission         about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).           Services, Sub- scrifters and Rates         Number of Subscrifters: Both blocks in space E call for the number of subscrifters in down by categories of secondry transmission service. In general, you can compute the number of subscrifters in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit mich in the life-thand block in space E. In form list the categories of secondary transmission service that cable systems most commonly provide to their subscrifters. Give the number of subscrifters and rate or actionaries that applies to your system. Note: Where an individual or organization is receiving service that fails under different categories, that person or entity should be counted as a subscrifter in each applicable category. Example: a residential subscrifter who pay extra for cables service to additional set(s). <sup>14</sup> Block 2: If your system. Note: Subscrifters and read categories for secondary transmission service is a subscrifter and subscrifter and would be counted once again under "Service to additional set(s). <sup>15</sup> Service to additional set(s) sufficient.         BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         NO. OF Service to additional set(s)         Service to additional set(s)         Service to additional set(s)         Service to additional set(s)           · Service to drift text is the subscrifter and texprifter thane services set at the residential inotand the charge		-							y transmission	service of t	the cable		
Transmission Service: Sub scribers and Rates         Isst day of the accounting period (June 30 or December 31, as the case may be).           Number of Subscribers: Sublexcribers: Induced and the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (in the number of sets receiving service).           Rate: Site the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed, (Example: "\$20mth"). Summarize any standard rate variations within a particular rate category, but do not include discusses. Give the number of subscribers and rate for each isles date category systems mest commonly provide to their subscribers. Give the number of subscribers and rate for each isles date category systems mest commonly provide to cause date as a subscribers in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the contunt under "Service to the first set" and would be counted once again under "Service to additional set(s). Bitck 2: If your cable system has rate categories for secondary transmissions, list the momber of subscribers is sufficient.           BLOCK 1         BLOCK 2: Subscribers         BLOCK 2           Note of first set         513         50.00           • Service to first set													
Service: Sub- scribers and Rates         Number of Subscribers: Both blocks in space E call for the number of subscribers to the cables system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of service. Induced both the amount of the charge and the unit in which it is general; billed is inspace E. It for fill indicated—not the number of service-indicated and the number of service any standard rate variations within a particular service category, but do not include discounts allowed for advance payment.           Biock 1: In the inf-hand block in space E. It for fill inform lists the categories of secondary transmission service that cable systems meat commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. More in advidual or organizations is receiving service that falls under "Service to the threat err and would be counted one again under "Service to additional set(s)."           Biock 2: If your cable system has rate categories for secondary transmissions, list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           Evervice to first set         513         50.00           · Services to distional allowed to not need to one algoin under "Service to allowed and the service is sufficient.         NO.OF           CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         NO.OF           CATEGORY OF SERVICE         NO.OF         SUBSCRIBERS         NO.OF         SUBSCRIBERS           Residential										those exist	ting on the		
Scribers and Rates         down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by conting the number of billings in that category (in humber of persons or organizations charged separately for the particular service at the rate indicated—nat the number of sets receiving service). Rate: Give the standard rate charge for active category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.           Bick Y: 1th the standard rate charge do nate horm lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organizations is receiving service to the trist set and would be counted one again under "Service to additional set sevue is backribers for secondary transmissions. Service to the trist set and would be counted one again under "Service to additional set sevue).         BLOCK 1         BLOCK 2           Bick X: 1ty our cable system has rate categories for secondary transmissions.         BLOCK 2         No. OF           CATEGORY OF SERVICE         SUBSCRIBERS         Rate         CATEGORY OF SERVICE         SUBSCRIBER           Service to first set         513         50.00         Source         Subscribers in combination with respect to all your cable system's services that were not covered in space E, that is those services that are to offered in combination with any secondary transmission service for a single fee. Ther										ble system	broken		
Separately for the particular service at the rate indicated—not the number of sets receiving service).           Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20mth"). Summarize any standard rate variations within a particular rate category. but do not include discounts allowed for advance payment.           Bick 1: In the left-hand block in space E; the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each islue dcategory, by systems mest commonly provide to their subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first erf and would be counted once again under "Service to additional sets would be included in the count under "Service to the first erf and would be counted once again under "Service to additional sets.")           Bick 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for xample, there of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           Bick 2: If your cable system has rate categories for secondary transmission service that would be counted one again under "Service to additional sets.")         Bit then, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           Bick 2: If your cable system and rates, in the right-hand block. A two- or three-word secondary transmission service that under thereaduring the service is additional set." <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td>,</td> <td></td> <td></td>										,	,		
Ret: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "SchOmth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.         Biosk 1: In the Infh-and block in space E. Iher form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that fails under different categories. In the Infh-and block is space E. Iher form lists the categories in secar high and the count under "Service to additional sets.").         Biok 1: In the Infh-and block is space E. Iher of Service to additional sets would be included in the count under "Service to additional sets.").       Biok 2: If your cable system has rate categories for secondary transmission, list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         BLOCK 1       BLOCK 2       NO OF         CATEGORY OF SERVICE       SUBSCRIBERS       RATE         Residential       513       50.00         • Service to first set       513       50.00											charged		
F         Subscription         BLOCK 1         BLOCK 1         BLOCK 2         NO. OF           CATEGORY OF SERVICE         NO. OF         RATE         CATEGORY OF SERVICE         Subscription of the service is a subscription of the service is subscription of the service is a service to a subscre s													
F         Service to distinct and the instruction of the service is a subscriber of automatic and the service is a subscriber of a service to a difficult and service is a subscriber of a service to a difficult and service is a subscriber of a service to a service is a subscriber of the service is a subscriber of the service is a subscriber and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           Biock 1: If your cable service is a service is that include one or more secondary transmissions, list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           Biock 1: If your cable service is a subscriber is a service is sufficient.         BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIBERS           Residential         Service to additional set(s)         Service to additional set(s					-	-	•				-	<u>`</u>	
F         Services Orderer THAN SECONDARY TRANSMISSIONS: RATES           Residential         Service to additional setty and the specification of the service stat were not cover of the specification of the service stat were the service to additional setty and the specification of the service stat were the specification of the service stat were the specification of the service to additional setty of the specification of the service to additional setty of the specification of the service to additional setty of the specification of the service to additional setty of the service to the setty of the service to the service to the setty of the service to additional setty of the service to additional setty of the service to additional setty of the service to the service to additional setty of the			•		· · ·	,		ny otanaan					
Init applies to your system. Note: Where an individual or organization is receiving service that falls under different <sup>1</sup> categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays ext for cable service to additional sets would be included in the count under "Service to the first set and would be counted once again under "Service to additional sets.).         Block 2: If your cable system has rate categories for secondary transmissions. Service that are different from those printed in block 1 (for example, ters of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         BLOCK 1       BLOCK 2       NO. OF         CATEGORY OF SERVICE       SUBSCRIBERS       RATE       CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       • Service to additional set(s)       • Service to additional set(s)       • Service       SuBSCRIBERS         Notel, hotel       Converter       • Residential       • O       • O       • O         Converter       • Residential       • O       • O       • O       • O         Services ot (2) services or facilities for rate (not subscriber) information with mespect to all your cable system's services that were not loc veried in space E, that is, those services that are cliftered in combination with any secondary transmission services or all space for a single fee. There are twe exceptions: you do not need to give rate information so							-		•				
F         Services of additional sets         Services of additional sets         Services of additional sets         Services of additional sets         No. OF           Services Research         Biod value         Service of a single fee: There are to exceptions: you do not need to give rate information with respect to all your cable system's services that were not black of the service single of the service sin												/	
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F         Services Other THAN SECONDARY TRANSMISSIONS: RATES         In General: Space E, tablis for rate (not subscribers) and rates of and the unit which are subscribers and rates.           Services Other THAN SECONDARY TRANSMISSIONS: RATES         Services to additional set(s)         Services to additional set(s)           Services Other THAN SECONDARY TRANSMISSIONS: RATES         In General: Space E, tablis, the services that are not offered unity under services that were not listed in block 1 are only the letters 'TPP' in the rate column.         Services listed and or which a separate charge days the rate information concerning (1) services functional set(s)           Services Rate         CATEGORY OF SERVICE         Services to additional set(s)         Services to additional set(s)           Services Testional         36         45.95         Services to additional set(s)         Services to additional set(s)           Services Testional         36         45.95         Services to additional set(s)         Services to additional set(s)           Services Services Testional         36         45.95         Services to additional set(s)         Services to additional set(s)           Services Services The Services THAN SECONDARY TRANSMISSIONS: RATES         In General: Space E, tab is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information should include both the amount of the unit which is usually billed. If any rates are charged on a varaible per-program basis, enter only the letters 'T	•		•							•			
F         Services to first set         513         50.00           Services of first set         513         50.00           Services to first set         513         50.00           Services to first set         513         50.00           Service to first set         513         50.00           Service to first set         513         50.00           Service to first set         513         50.00           Connercial         36         45.35           Converter         Service to additional set(s)	first set" and would be counted once again under "Service to additional set(s)."												
F         Services Other THAN SECONDARY TRANSMISSIONS: RATES         Index of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           F         Service to first set         513         50.00           - Service to disting the service is subscribers         RATE         CATEGORY OF SERVICE         Subscribers           Residential:         - Service to first set         513         50.00         -         -           - Ommercial         36         45.95         -         -         -         -           Converter         -<	Block 2: If your cable system has rate categories for secondary transmission service that are different from those												
Services Other Than Secondary Rates         SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered during the accounting period wat were not listed in block 1 and for which a separate rate by block 1 and for which a separate during the rate or offered during the accounting period wat were not listed in block 1 and for which a separate during the rate or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.           Block 1 and for which a separate rate Note in protection Buck 2 and Services         Services Services Other Than Secondary Information with any secondary transmission services for a single fee. There are two exceptions: you do not need to give rate information schuid include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters 'PP' in the rate column.           Block 1: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         RATE           Fire protection         Installation: Non-residential         'Ormercial         'Pay cable         'Pay cable           ·Pay cable         17.00         'Motel, hotel         'Pay cable         'Pay cable         'Pay cable			· ·	•									
Services Other Than Secondary Installation:         SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F. and to which a separate rate to develop the services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission services for a single fee. There are two exceptions: you do not need to give rate information with any secondary transmission services of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.           Block 1: Dive the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1         BLOCK 1         BLOCK 2           Varies of the protection surglar protection issurglar protection issurglar protection issurglar protection issurglar protection         No. OF SUBSCRIBERS         Rate         CATEGORY OF SERVICE SUBSCRIBERS         No. OF SUBSCRIBERS													
CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIBERS           Residential:         • Service to first set         513         50.00             • Service to additional set(s)         •         513         50.00             • FM radio (if separate rate)         •         •         •         •         •         •           Motel, hotel         •         •         •         •         •         •         •           Converter         • <td></td> <td></td> <td></td> <td>BLO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>BLOC</td> <td></td> <td></td> <td></td>				BLO						BLOC			
• Service to first set       513       50.00         • FM radio (if separate rate)	ATEG	С	CATEGORY OF S	SERVICE			RATE	CAT	EGORY OF SE	RVICE			RATE
• Service to additional set(s)       • FM radio (if separate rate)         Motel, hotel       36       45.95         Converter       • Residential       • • • • • • • • • • • • • • • • • • •	identi	Res	sidential:										
• FM radio (if separate rate)       • • • • • • • • • • • • • • • • • • •	Service	• 5	Service to first se	t		513	50.00						
Motel, hotel       Commercial       36       45.95         Converter       • Residential       • Non-residential       • Image: Converter         • Residential       • Non-residential       • Image: Converter       • Image: Converter         • Non-residential       • Non-residential       • Image: Converter       • Image: Converter         • Non-residential       • Non-residential       • Image: Converter       • Image: Converter         • Non-residential       • Non-residential       • Image: Converter       • Image: Converter         • Non-residential       • Non-residential       • Image: Converter       • Image: Converter         • Non-residential       • Non-residential       • Image: Converter       • Image: Converter         • Non-residential       • Non-residential       • Image: Converter       • Image: Converter         • Non-residential       • Non-residential       • Image: Converter       • Image: Converter         • Services       Converter       • Image: Converter       • Image: Converter       • Image: Converter         Secondary       ransmissions:       Secondary       ransmission:       Secondary       ransmission:         Rates       Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.       Block 1: Give the standard rate charge was made or e	Service	• 5	Service to addition	nal set(s)									
Commercial Converter         36         45.95           Residential ·Non-residential	-M rac	• F	FM radio (if sepa	ate rate)									
Converter       Residential         • Non-residential       • Non-residential         F       Services Other Than SeconDARY TRANSMISSIONS: RATES         In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services transmission service for a single fee. There are two exceptions: you do not need to give rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         Image: Pay cable       17.00         • Pay cable       • Motel, hotel         • Fire protection       • Pay cable	tel, ho	Mot	otel, hotel										
• Residential       • Non-residential         • Non-residential       • Non-residential <b>F SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b> In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charge by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         ECATEGORY OF SERVICE       RATE <b>ALTEGORY OF SERVICE</b> RATE         OCATEGORY OF SERVICE       RATE         ORDINING Services:       Installation: Non-residential         • Pay cable       17.00         • Fire protection       • Motel, hotel         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire set       99.00	nmero	Con	mmercial			36	45.95						
• Non-residential         services           F         Services Other Than Secondary Transmissions services that succes that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.           Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.           Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.           BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         RATE           Pay cable         17.00           • Pay cable         17.00           • Fire protection         • Pay cable           • Fire protection         • Pay cable           • Fire protection         • Pay cable           • Fire protection <td>verte</td> <td>Con</td> <td>nverter</td> <td></td>	verte	Con	nverter										
F       SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES         In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Pay cable       17.00         • Pay cable       19.00         • Fire protection       • Pay cable         • Fire													
F       In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Pay cable       17.00         • Pay cable       • Motel, hotel         • Pay cable       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire set       99.00	Non-re	• N	Non-residential										
F       not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         Example       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         Pay cable       17.00       •Motel, hotel         •Pay cable       •Pay cable       •Pay cable         •Fire protection       •Pay cable       •Pay ca	RVICE	SER	RVICES OTHER	THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	3					
Services       Instruction in option in the intervence of the end of the option in the information concerning (1) services of a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 1         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       Installation: Non-residential         • Pay cable       17.00         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire set       99.00         • Burglar protection       • Burglar protection												e	
Services Other Than Secondary Transmissions: Rates       furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       Installation: Non-residential         • Pay cable       17.00         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • First set       99.00         • Burglar protection       • Burglar protection         • Fire protection       • Burglar protection			•										
Other Than Secondary Transmissions: Rates       amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       Installation: Non-residential         • Pay cable       17.00         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable-add'l channel         • Fire protection       • Fire protection         • Fire protection       • Burglar protection         • Fire protection       • Burglar protection <td></td> <td></td> <td>•</td> <td></td> <td>•</td> <td></td> <td></td> <td>•</td> <td></td> <td>• • • •</td> <td>,</td> <td></td> <td></td>			•		•			•		• • • •	,		
Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         Pay cable       17.00       Motel, hotel       Ocommercial				,								,	
Block 2: List any services that your cable system furnished or offered during the accounting period that were not         Isted in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         Pay cable       17.00       •Motel, hotel       •Motel, hotel       •Motel, hotel         • Pay cable       19.00       •Commercial       •Pay cable       •Fire protection         • Fire protection       •Pay cable       •Fire protection       •Pay cable       •Pay cable         • Fire set       99.00       •Burglar protection       •Burglar protection       •Burglar protection	enter only the letters "PP" in the rate column.												
Isted in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         Continuing Services:       Installation: Non-residential         • Pay cable       17.00       • Motel, hotel       Installation: Non-residential         • Pay cable       17.00       • Motel, hotel       Installation: Non-residential         • Pay cable       19.00       • Commercial       Installation: Non-residential         • Fire protection       • Pay cable       • Pay cable       Installation: Residential         • Fire protection       • Pay cable-add'l channel       • Pay cable-add'l channel       Installation: Residential         • First set       99.00       • Burglar protection       Image: Burglar protection       Image: Burglar protection													
BLOCK 1     BLOCK 2       CATEGORY OF SERVICE     RATE     CATEGORY OF SERVICE     RATE     CATEGORY OF SERVIC       Continuing Services:     Installation: Non-residential     CATEGORY OF SERVIC     RATE     CATEGORY OF SERVIC       • Pay cable     17.00     • Motel, hotel     •     •       • Pay cable     19.00     • Commercial     •       • Fire protection     • Pay cable     •     •       • Burglar protection     • Pay cable-add'l channel     •     •       • First set     99.00     • Burglar protection     •													
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services:Installation: Non-residential···· Pay cable17.00· Motel, hotel··· Pay cable—add'I channel19.00· Commercial··· Fire protection· Pay cable···· Burglar protection· Pay cable-add'I channel···· First set99.00· Burglar protection··													
Continuing Services:Installation: Non-residential• Pay cable17.00• Pay cable—add'l channel• Motel, hotel• Pay cable—add'l channel• Commercial• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• First set99.00• Burglar protection• Burglar protection					BLO	CK 1							
• Pay cable       17.00       • Motel, hotel					RATE				RATE	CATEC	GORY OF SE	RVICE	RATE
• Pay cable—add'l channel       19.00       • Commercial       •         • Fire protection       • Pay cable       •         • Burglar protection       • Pay cable-add'l channel       •         • Installation: Residential       • Fire protection       •         • First set       99.00       • Burglar protection       •			-	s:				idential					
• Fire protection     • Pay cable       • Burglar protection     • Pay cable-add'l channel       Installation: Residential     • Fire protection       • First set     99.00				ah aw I									
•Burglar protection     •Pay cable-add'l channel       Installation: Residential     •Fire protection       •First set     99.00				cnannel	19.00								
Installation: Residential     • Fire protection       • First set     99.00	•		•					honnal					
First set     99.00     Burglar protection	Ũ		•					anner					
				illiai	00.00		•						
		-					•						
• FM radio (if separate rate)     • Reconnect     40.00			( )	ate rate)	20.00				40.00				
Converter     O			· ·										
•Outlet relocation     25.00	0								25.00				
• Move to new address     99.00								ress					

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM							
Name	CEQUEL COMMUNIC	ATIONS LLC		035							
	PRIMARY TRANSMITTERS:	TELEVISION									
G	carried by your cable system FCC rules and regulations	<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 6.59(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 Transmitters: Television	substitute program basis, a Substitute Basis Stations	<ul> <li>(2) and (4), or 76.63 (referring to 76.6's explained in the next paragraph.</li> <li>With respect to any distant stations caules, regulations, or authorizations:</li> </ul>									
	• Do <i>not</i> list the station here station was carried <i>only</i> on	e in space G—but do list it in space I (th		<i></i>							
	basis. For further information <b>Column 1:</b> List each station	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							
	of license. For example, W	the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. a case whether the station is a network s	0	2							
	educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ering the letter "N" (for network), "N-M" (i "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n 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 KAZD-1	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
		55	I	LAKE DALLAS, TX							
	KDAF-1	33	I	DALLAS, TX							
d Rows as Necessary	KDAF-2	33.2	I-M	DALLAS, TX							
	KDAF-3	33.3	I-M	DALLAS, TX							
	KDAF-HD1	33	I-M	DALLAS, TX							
	KDFI-1	27		DALLAS, TX							
	KDFI-2	27.2	I-M	DALLAS, TX							
	KDFI-3	27.3	I-M	DALLAS, TX							
	KDFI-HD1	27	I-M	DALLAS, TX							
	KDFW-1	4	I	DALLAS, TX							
	KDFW-HD1	4	I-M	DALLAS, TX							
	KDTN-1	2	E	DENTON, TX							
	KDTX-1	58	Ι	DALLAS, TX							
	KERA-1	13	E	DALLAS, TX							
	KERA-3	13.3	E-M	DALLAS, TX							
	KERA-4	13.4	E-M	DALLAS, TX							
	KERA-HD1	13	E-M	DALLAS, TX							
	KFAA-1	29	I	DECATUR, TX							
	KFWD-1	52	I	FORT WORTH, TX							
			I-M	FORT WORTH, TX							
	KFWD-HD1	52		······							
	KFWD-HD1 KPXD-1	52 68	 I	ARLINGTON, TX							
			I								
	KPXD-1	68	I	ARLINGTON, TX							
	KPXD-1 KPXD-HD1	68 68	I	ARLINGTON, TX ARLINGTON, TX							

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM						
Name	CEQUEL COMMUNIC	CATIONS LLC		035						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under									
-	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network prog	rams [sections						
Primary Transmitters:		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		s: With respect to any distant stations car ules, regulations, or authorizations:	rried by your cable system on a su	ubstitute program						
	• Do not list the station he	re in space G—but do list it in space I (th	e Special Statement and Program	n Log)—if the						
	<ul> <li>station was carried only or</li> <li>List the station here, and</li> </ul>	n 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 on's call sign. <i>Do not</i> report origination pr								
		ed with a station according to its over-the-	-	-						
	"WETA-2" as the same on Column 2: Give the chann	the form. hel number the FCC assigned to the telev	vision station for broadcasting ove	r the air in its community						
	of license. For example, W	/RC is channel 4 in Washington, D.C. h case whether the station is a network s	Ū.	·						
	educational station, by ent	ering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indep	pendent), "I-M"						
		), "E" (for noncommercial educational), or erms, see page (iv) of the general instruction		tional multicast).						
	5	on of each station. For U.S. stations, list t	• •	n is licensed by the						
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	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						
	1. CALL SIGN KTVT-2	2. B'CAST CHANNEL NUMBER 11.2	3. TYPE OF STATION	4. LOCATION OF STATION FORT WORTH, TX						
	KTVT-2	11.2	I-M	FORT WORTH, TX						
	КТVТ-2 КТVТ-3	11.2 11.3	I-M I-M	FORT WORTH, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1	11.2 11.3 11	I-M I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1	11.2 11.3 11 21	I-M I-M N-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1	11.2 11.3 11 21 21	I-M I-M N-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1	11.2 11.3 11 21 21 1	I-M I-M N-M I I-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1	11.2 11.3 11 21 21 1 47	I-M I-M N-M I I-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1 KUVN-1	11.2 11.3 11 21 21 1 47 23	I-M I-M N-M I I I-M I-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1 KUVN-1 KUVN-HD1	11.2 11.3 11 21 21 21 1 47 23 23 23	I-M I-M N-M I I-M I I-M I I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1 KUVN-1 KUVN-HD1 KXAS-1	11.2         11.3         11         21         21         1         47         23         5	I-M I-M N-M I I-M I I-M I I-M N	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-HD1 KUVN-1 KUVN-HD1 KXAS-1 KXAS-2	11.2         11.3         11         21         21         1         47         23         5         5.2	I-M I-M N-M I I-M I I-M I I I-M N I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1 KUVN-1 KUVN-HD1 KXAS-1 KXAS-2 KXAS-3	11.2         11.3         11         21         21         1         47         23         5         5.2         5.3	I-M I-M N-M I I I-M I I-M I I-M I-M I-M I-M I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-HD1 KUVN-1 KUVN-1 KUVN-HD1 KXAS-1 KXAS-2 KXAS-3 KXAS-HD1	11.2         11.3         11         21         21         1         47         23         5         5.2         5.3         5	I-M I-M N-M I I I-M I I-M I I-M I-M I-M I-M I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1 KUVN-HD1 KUVN-HD1 KXAS-1 KXAS-2 KXAS-3 KXAS-HD1 KXTX-1 KXTX-2	11.2         11.3         11         21         21         1         47         23         5         5.2         5.3         5         39	I-M I-M N-M I I-M I I-M I I-M I-M I-M I-M I-M I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1 KUVN-1 KUVN-HD1 KXAS-1 KXAS-2 KXAS-3 KXAS-HD1 KXTX-1	11.2         11.3         11         21         21         1         47         23         23         5         5.2         5.3         5         39         39.2	I-M I-M N-M I I-M I I-M I I-M I-M I-M I-M I-M I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX DALLAS, TX DALLAS, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1 KUVN-1 KUVN-HD1 KXAS-1 KXAS-2 KXAS-3 KXAS-3 KXAS-HD1 KXTX-1 KXTX-2 KXTX-HD1 WFAA-1	11.2         11.3         11         21         21         1         47         23         5         5.2         5.3         5         39         39         8	I-M I-M N-M I I I-M I I-M I-M I-M I-M I-M I-M I-M	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TXDALLAS, TXDALLAS, TX						
	KTVT-2 KTVT-3 KTVT-HD1 KTXA-1 KTXA-HD1 KTXD-1 KTXD-HD1 KUVN-1 KUVN-HD1 KXAS-1 KXAS-2 KXAS-3 KXAS-HD1 KXTX-1 KXTX-2 KXTX-HD1	11.2         11.3         11         21         21         1         47         23         5         5.2         5.3         5         39         39         39	I-M I-M N-M I I-M I I-M I I-M I-M I-M I-M I-M I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX DALLAS, TX DALLAS, TX						

EGAL NAME OF									SYSTEM 035
	t every radio s	station ca	rried on a separate and discre					ied on an	н
eceivable if (1) in the basis of r for 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 rm. dentify the call tate whether to the radio stat this by placing Sive 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 0 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. nal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page I by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge vstem as a sep 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	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0					2,2		
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Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	_C					035534			
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG							
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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:											
Special		-		-	e anv nonnet	work televis	tion program				
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant stat	ion ?					YES	× NO			
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	2. LOG OF SUBSTITUTE										
	In General: List each subst clear. If you need more spa- Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori	ce, please a of every nor distant stati gulations, o	add additional r nnetwork televis on and that you r authorizations	ows to the tables. sion program ("substitute p ar cable system substituted s. See page (v) of the gene	program") tha d for the prog eral instructior	t, during the ramming of ns for furthe	e accounting another stat r informatior	ion			
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa	Bulls." h was broac sign of the s idcast static	Icast live, enter station broadcas on's location (th	"Yes." Otherwise enter "N sting the substitute program e community to which the	lo." m. station is licer	nsed by the	·				
	the case of Mexican or Can										
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerals,	with the mor	ith			
			substitute prog	gram was carried by your c	able system.	List the tim	es accurate	у			
	to the nearest five minutes.							-			
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that w	ourevetem	was require	4			
	to delete under FCC rules a										
	was substituted for program										
	effect on October 19, 1976.										
					WHE	N SUBSTI	TUTE				
	S	1	E PROGRAM		-	AGE OCC		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	5112.1.0.1			
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Accounting Period:	2024/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 035534
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service mount, see	4,729.69
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 \$2 • 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 th accounting period is \$52.00.	nis six-month	
	Line 1. Royalty fee for accounting period		
	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		
	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 \$ 164,729.69		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K 1	64,729.69	
	5. Enter the amount from line 3	99,070.31	
	6. Subtract line 5 from line 4	65,659.38	
	7. Multiply line 6 by .005 (enter figure here)		328.30
	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	\$	328.30
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	328.30	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	348.30
	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 mo		

Accounting Period:	2024/2			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC		SYSTEM ID# 035534
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which th	ou must give (1) the number of channels on which the cable s, and (2) the cable system's total number of activated char I number of channels on which the cable d television broadcast stations	nels during the accounting period.	46 303
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEED about this statement of account.)	<b>ED</b> (Identify an individual	
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	RODNEY.HASKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATION	This statement of account must be certified and signed in a	ccordance with Copyright Office regulations)	
O Certification		d, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	na achla aurtam ao idantifiad in lina 1 af annsa P: ar	
		of owner other than corporation or partnership) I am the c	luly authorized agent of the owner of the cable system a	as identified
	X (Offi	in line 1 of space B and that the owner is not a corporation or p or <b>or partner)</b> I am an officer (if a corporation) or a partner (if a in line 1 of space B.		e cable system
		the statement of account and hereby declare under penalty of e, and correct to the best of my knowledge, information, and b on 1001(1986)]		
		Enter an electronic signature on	nbaum the line above to certify this statement.	
		Enter signature using an "/s/ sig	nature" (e.g.,  /s/ John Smith)	
		Typed or printed name: ALAN DANNE	NBAUM	
		Title: SVP, PROGRAMMING (Title of official position held in corporation)		
		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.

COURSE COMMUNICATIONS LLC 033533   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 sectore 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?   Mo   Y ES. Enter the total here and list the satellite carrier(s) below.   Name   Maling Address   Num 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.	unting Period: 2024/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the follows indicated in the total number of subscribers and the gross amounts paid to the cable system for the back scribers and anomat collected from subscribers receiving scrowday transmissions coated in the paper SA1-2 form. The determining the total number of subscribers receiving scrowday transmissions made by satellite carriers to satellite dath owners?  No  Norme Name Name Name Name Name Name Name Na	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Vewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- bing sentence:  The determining the total number of subscribers and the gross amounts paid to the cable system for the basic sorbers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. <sup>or</sup> For more information on when to exclude these amounts, see the nole on page (vii) of the general instructions Cocated in the pager 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 dath owners?  Verses  Norre Maing Address  Nume Maing Address  Nume Maing Address  Nume Line 2 Multiply line 1 by the interest rate' and enter the sum here  x dogy  Line 3 Multiply line 1 by the interest rate' and enter the sum here  x dogy  Line 3 Multiply line 1 by the interest rate' and enter the sum here  x dogy  Line 4 Multiply line 2 by 0.00274** and enter the filters assessment for one day late.  Norre  Address  Norre  To view the interest rate than cluck on work ozy filt gov/filters diverse poid (J). For further assistance please  contact the Learning this worksheet covering a statement of account already submitted to the Copyright Office, please  state below the cover, address, first community served, 10 number, and accounting period a given in the original filling.  Owner  Address	QUEL COMMUNICATIONS LLC	035534
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       Mailing Address         You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (vili) of the general instructions located in the paper SA1-2 form.       Interest Assessment         Line 1 Enter the amount of late payment or underpayment .       x	<ul> <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
Mailing Address       Mailing Address       Image Address       Image Address         INTEREST ASSESSMENT       You must complete this worksheet for those royally 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.       Image Address       Image Address         Line 1       Enter the amount of late payment or underpayment       x	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of Comparis		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of Comparis		
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.         ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.         NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner         Address         ID number         First community served	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.         ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.         NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner         Address         ID number         First community served	^	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate' and enter the sum here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 <u>f</u> (interest charge)  * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  Owner Address ID number First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here	
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Address ID number First community served	The rest is you are ming this worksheet covering a statement of account already submitted to the Copyright Office, please	
Address ID number First community served	list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
ID number First community served	list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
First community served	Owner	
	Owner	
Accounting period	Owner Address	
	Owner Address ID number	

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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-Dec period) No spaces)				
Period	Letter sent     Information received				
	Accepted      Phone call/Date/Contact				
Space B Owner					
	Letter sent		Information received		
			Phone call/Date/Contact		
Space D Area Served					
	Letter sent		Information received		
			Phone call/Date/Contact		
Space E Secondary Transission					
Service Subscribers:	Letter sent     Information received				
and Rates	Accepted      Phone call/Date/Contact				
Space G Primary Transmitters:					
Television	□ Letter sent	C	Information received		
		C	] 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	
□ 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		