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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		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
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		GLADEWATER, TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or sulte number)
		(City, town, state, zip code)
L		

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	004379
	Instructions: List each separate community served by the cable system. A "comm	
D	separate and distinct community or municipal entity (including unincorporated or 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.	communities within unincorporated areas and including single, discrete
	Note: Entities and properties such as hotels, apartments, condominiums, or mole	nile home parks should be reported in parentheses below the identified
Area	city.	she nome parks should be reported in parentheses below the identified
Served		
	CITY OR TOWN	STATE
First Community	GLADEWATER	TX
community		
Add Rows as Necessary	UNION GROVE WARREN CITY	ТХ ТХ
	WARREN OFF	
	WIIILOAR	·····

		ARI E SVSTEM							1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC												
		IONS LLC											
Е	SECONDARY TRANSMISSION												
C	In General: The information in s			-									
Secondary	system, that is, the retransmission about other services (including p												
Transmission	last day of the accounting period							ng on the					
Service: Sub-							le system,	broken					
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rates	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 c							e and the					
	unit in which it is generally billed.	-	-	•			-						
	category, but do not include disc	ounts allowed f	or adva	nce payment.			•						
	Block 1: In the left-hand block			-									
	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, tiers of services that include one or more secondary transmissions), list them, together												
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or three	e-word descriptio	n of the se	ervice is					
	sufficient.	OCK 1					BLOC	<2					
		NO. OF						NO. OF					
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT				
	Residential:		405	50.00									
	Service to first set	1	1,185	50.00									
	Service to additional set(s)												
	• FM radio (if separate rate)												
	Motel, hotel		~ ~ ~	45.05									
	Commercial		64	45.95									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES									
-	In General: Space F calls for rat					your cable syste	em's servi	ces that were					
F	not covered in space E, that is, t	hose services t	hat are	not offered in a	combinatio	n with any secor	ndary trans	smission					
	service for a single fee. There ar		-		0								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur												
Secondary	5		usually i	billeu. Il arty la	les are cha	argeu on a vana	ble per-pro	byrain basis,					
ransmissions:	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.												
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not												
	listed in block 1 and for which a				shed. List t	hese other servi	ces in the	form of a					
	brief (two- or three-word) descrip	1											
-		BLOO						BLOCK 2					
		RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT				
	CATEGORY OF SERVICE		installa	ition: Non-res	idential								
	Continuing Services:	47.00		-1 6 -4 -1									
	Continuing Services: • Pay cable	17.00		el, hotel		••••••							
	Continuing Services: • Pay cable • Pay cable—add'l channel	17.00 19.00	• Con	nmercial									
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Con • Pay	nmercial r cable									
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		• Con • Pay • Pay	nmercial cable cable-add'l ch	annel								
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	19.00	• Con • Pay • Pay • Fire	nmercial cable cable-add'l ch protection									
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	19.00 99.00	• Con • Pay • Pay • Fire • Bur	nmercial cable cable-add'l ch protection glar protection									
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	19.00 99.00	• Con • Pay • Pay • Fire • Bury Other s	nmercial r cable r cable-add'l ch protection glar protection services:									
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	19.00 99.00	• Con • Pay • Pay • Fire • Bury Other s • Rec	reable cable-add'l ch protection glar protection services: connect		40.00							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	19.00 99.00	• Con • Pay • Pay • Fire • Bur • Bur • Bur • Bur • Cther s	nmercial cable cable-add'l ch protection glar protection services: connect connect									
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	19.00 99.00	• Cor • Pay • Pay • Fire • Burn • Other s • Rec • Disc • Out	reable cable-add'l ch protection glar protection services: connect		40.00 25.00 99.00							

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM									
Name	CEQUEL COMMUNIC	ATIONS LLC		004									
	PRIMARY TRANSMITTERS: TELEVISION												
G	carried by your cable system	eneral: In space G, identify every television station (including translator stations and low power television stations) ed by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 9(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 titute program basis, as explained in the next paragraph.											
Primary			(e)(2) and (4))]; and (2) certain sta	ations carried on a									
ransmitters: Television		s explained in the next paragraph. : With respect to any distant stations car	ried by your cable system on a su	ibstitute program									
		ules, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program	l og)—if the									
	station was carried only on	a substitute basis.											
		also in space I, if the station was carried on concerning substitute basis stations, s											
		n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	•	•									
	"WETA-2" as the same on	the form.	c										
		el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	ision station for broadcasting over	r the air in its community									
	Column 3: Indicate in each	n case whether the station is a network st	, , ,										
		ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or											
	For the meaning of these te	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	tions in the paper SA1-2 form.										
		dian stations, if any, give the name of the		-									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION									
	KCEB-1	26	I	LONGVIEW, TX									
	KDKJ-1	27	I	TYLER, TX									
Rows as Necessary	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									
	KETK-1	56	N	JACKSONVILLE, TX									
	KETK-2	56.2	I-M	JACKSONVILLE, TX									
	KETK-4	56.4	I-M	JACKSONVILLE, TX									
	KETK-HD1	56	N-M	JACKSONVILLE, TX									
	KFXK-1	51	I	LONGVIEW, TX									
	KFXK-2	51.2	I-M	LONGVIEW, TX									
	KFXK-3	51.3	I-M	LONGVIEW, TX									
	KFXK-HD1	51	I-M	LONGVIEW, TX									
	KFXK-HD1 KLTV-1		I-M N										
	KLTV-1	51 7		LONGVIEW, TX TYLER, TX									
		51 7 7.2	N	LONGVIEW, TX TYLER, TX TYLER, TX									
	KLTV-1 KLTV-2	51 7	N I-M	LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX									
	KLTV-1 KLTV-2 KLTV-3	51 7 7.2 7.3	N I-M I-M	LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX									
	KLTV-1 KLTV-2 KLTV-3 KLTV-4 KLTV-HD1	51 7 7.2 7.3 7.4 7	N I-M I-M I-M N-M	LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX									
	KLTV-1 KLTV-2 KLTV-3 KLTV-4 KLTV-HD1 KLTV-HD3	51 7 7.2 7.3 7.4 7 7.3	N I-M I-M I-M	LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX									
	KLTV-1 KLTV-2 KLTV-3 KLTV-4 KLTV-HD1 KLTV-HD3 KTPN-1	51 7 7.2 7.3 7.4 7 7 7.3 47	N I-M I-M I-M N-M I-M I	LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX LONGVIEW, TX									
	KLTV-1 KLTV-2 KLTV-3 KLTV-4 KLTV-HD1 KLTV-HD3 KTPN-1 KTPN-HD1	51 7 7.2 7.3 7.4 7 7 7.3 47 47 47	N I-M I-M I-M I-M I-M I-M	LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX LONGVIEW, TX LONGVIEW, TX									
	KLTV-1 KLTV-2 KLTV-3 KLTV-4 KLTV-HD1 KLTV-HD3 KTPN-1	51 7 7.2 7.3 7.4 7 7 7.3 47	N I-M I-M I-M N-M I-M I	LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX LONGVIEW, TX									

counting Period:	2024/2			FORM SA1-2E. PAGE				
Norma	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II				
Name	CEQUEL COMMUNIC	ATIONS LLC		00437				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syster	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-ti	me basis under				
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	(2) and (4) , or 76.63 (referring to 76.6°) s explained in the next paragraph. With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain stat	ions carried on a				
TeleviSiOII	basis under specific FCC ru • Do <i>not</i> list the station here	iles, regulations, or authorizations: e in space G—but do list it in space I (th						
	station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other							
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each							
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2 : Give the channel number the FCC assigned to the television station for broadcasting over the air in its community							
	of license. For example, WRC is channel 4 in Washington, D.C. Column 3: 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.							
	Column 4: 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				
	KYTX-HD1	19	N-M	NACOGDOCHES, TX				

	OWNER OF OMMUNICA								SYSTEM 0043
	every radio s	station ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation 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. In is AM or FM. hal was electronically processes 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 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	
CALL SIGN		3/D	LOCATION OF STATION	+	CALL SIGN		5/D	LOCATION OF STATION	
				_					
				_					
				-					
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				-					
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				-					
				-					

Name Elect. INSE OF OWNER OF CARLS 25YER: SYSTEM ID 004379 SUBSTTUTE CARRIAGE: SPECIA. STATEMENT AND PROGRAM LOG In General: In space 1, identify every nonetwork feelvision program. broadcast by a disket station, that your calle system carried on a special back back and one of the programming that mut to included in this log, see page (v) of the general instructions in the paper SA-12 form. Substruct and the programming that mut to included in this log, see page (v) of the general instructions in the paper SA-12 form. Image: Statistic back and units of the programming that mut to included in this log, see page (v) of the general instructions for a truther special back and statistic statistic of the program that statistic statistis statistatistatistic statistis statistic statistic statistic st	Accounting Perio	d: 2024/2						FORM	I SA1-2E. PAGE 5
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In Generat: In space 1, identify every nonnetwork ideivision 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • VES × 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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, plaase add additional rows to the tables. Column 1: Give the title regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: TGCr vs. Bulls." Column 3: Give the more station broadcast ling the substitute program. Column 4: Give the ter call sign of the station broadcasting the substitute program. Column 3: Give the month and ag when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by substitute program. Column 3: Give the month and day when your system carried by substem. List he times accurately to the nearest five minu		LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> 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. I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program broadcast by a distant station? Note: If your need more space, please add additional rows to the tables. Column 1: Give the tile of every nonnetwork television program ("substitute forgram") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station Do not use general categories like "movies" or "basketball". List specific program. Use on use general categories like "movies" or "basketball". List specific program. Use numerals, with the month first. Example: for May 7 give "57.". Column 3: Give the tall sign of the station troadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "57.". Column 6: State the times when the substitute program was scarried by your cable system. List the times accurately to the ensert five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m.". Column 7: Ent the letter "R" if the listed program was substituted for programming that your system was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; out the letter for "I if the issted program was substituted for programming that your	Name	CEQUEL COMMUNICA	TIONS LL	.C					004379
Substitute carriage: Special Statement and Program Log Is SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - Unring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you and more space, please add additional rows to the tables. Column 1: Give the life of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station on a dubtic system substitute program is the space line instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Ger vers. Bulls." Column 3: Give the call sign of the station broadcast tile, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian station's location (the community to which the station is identified). Column 4: Give the broadcast station's location (the community to which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to delete under FCC rules and regulations in effect on October 19, 1976. Yung 1: SUBSTITUTE PROGRAM Yung 2: SUBSTITUTE COMERAM Yung 3:<		SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
Substitute Carriage: Special Statement and Program Log Provide the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL, STATEMENT CONCERNING SUBSTITUTE CARRIAGE Special Statement and Program Log 1. SPECIAL, STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Mote: 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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute forgram") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for program mig of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball". Toers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcast station is location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, is any the community with which the station is identified). Column 6: Site the month and day when your system carried by your cable system.		In General: In space I, identif	y every non	network televisi	on program, broadcast by a	distant statio	on, that your cable	system	carried on a
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • VES 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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Column 2: Give the broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by a Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is	Substitute								
Statement and Program Log • During the accounting period, out your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: State St		1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
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Accounting Period:	2024/2			FORM	SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#					
Hame	CEQUEL COMMUNICATIONS LLC				004379					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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	system's se ion of how t	econdary transm o compute this a	nission service amount, see \$ 39						
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in DI COL 4: CDOSC DESCENTS OF \$250,000 Feb (1) or \$250,000 Feb (1)) but less th information.	an \$527,600.	263,800.						
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00.			his six-month						
	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 li	nes 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE									
	Base amount under statutory formula	,		,						
	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	7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)						
	1. Enter the amount of gross receipts from space K	. \$	398,023.53							
	2. Base amount under statutory formula	\$	263,800.00							
	3. Subtract line 2 from line 1	\$	134,223.53							
	4. Multiply line 3 by .01		\$	1,342.24						
	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	1, 5, and 6 .		\$	2,661.24					
	FILING FEE AND TOTAL REMITTANCE D	JE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		. \$	2,661.24						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations))	. \$	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,681.24					
	EFT Trace # or TRANSACTION ID #									
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the									

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 004379
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	: You must give (1) the numbe bers, and (2) the cable system' otal number of channels on wh rried television broadcast static otal number of activated chann ne cable system carried televis padcast services	is total number of activate nich the cable ons	d channels during the a	accounting period.	26 530
N Individual to Be Contacted		TO BE CONTACTED IF FUR		NEEDED (Identify an i	ndividual	
for Further Information	Name	RODNEY HASKINS			Telephone (903	3) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)				
	Email	RODNEY.HAS	SKINS@ALTICEUSA.C	ОМ	Fax (optional	
O Certification	I, the undersig (Ow (Age X (Off I have examinare true, comp	ent of owner other than corpo in line 1 of space B and that t	one, <i>but only one</i> , of the b partnership) I am the own ration or partnership) I a the owner is not a corporat (if a corporation) or a part d hereby declare under per	noxes.) ner of the cable system a m the duly authorized ag ion or partnership; or ner (if a partnership) of t nalty of law that all stater	as identified in line 1 of space B; or lent of the owner of the cable system he legal entity identified as owner of ments of fact contained herein	
			X /s/ Alan D. Enter an electronic signa Enter signature using an		•	
		Typed or printe	ed name: ALAN DA	NNENBAUM		
		Title:	SVP, PROGRAM			
		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.

EQUEL COMMUNICATIONS LLC 00437 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 sectores and amounts onlected from subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Y ES. Enter the total here and list the satellite carrier(s) below. Name Maining Address Name Maining Address Nurst complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Q	unting Period: 2024/2	FORM SA1-2E. PAGE 8
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Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Nume to 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment . x	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statement Concerning Gross Receipts Exclusion
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in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 time for 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	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	Line 4 Multiply line 3 by 0.00274** and enter here	
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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		