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

Return completed workbook

| STATEME | ENT | OF ACCOUNT | FOR COPYRIGH | IT OFFICE USE ONLY | by email to: |
|---|----------|--|--|--|--------------|
| | | ansmissions by | DATE RECEIVED | AMOUNT | - |
| Cable Systems (Short Form) General instructions are located in the first tab of this workbook A Accounting period covered education | | 9/1/2020 | | coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 | |
| A | ACCO | DUNTING PERIOD COVERED E | BY THIS STATEMENT: (YY | YYY/(Period)) | |
| | | 2020/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | | 20201 | Barcode Data Filing Period (optional | - see instructions) | |
| Accounting Period | | | | | |
| В | | Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co | | diary of another corporation, give the full cor | porate title |
| Owner | | List any other name or names under which | n the owner conducts the business of th | ne cable system. | |
| | | If there were different owners during the a single statement of account and royalty fe | | he last day of the accounting period should s ing period. | ubmit a |
| | | Check here if this is the system's first filing | : If not, enter the system's ID number a | assigned by the Licensing Division. | 008657 |
| | | 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 | | |
| | | (Number, street, rural route, apartment, or suite no | umber) | | |
| | | TYLER, TX 75701 (City, town, state, zip) | | | |
| С | | | | tify the business and operation of the e system, if different from the address | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | | | |
| | <u> </u> | LINDSAY, OK MAILING ADDRESS OF CABLE SYSTEM | : | | |
| | 2 | (Number, street, rural route, apartment, or suite ni | | | |
| | | (City, town, state, zip code) | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 fling, a determination that would be made by a court of law.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|--------------------|--|---|
| Humo | CEQUEL COMMUNICATIONS LLC | 008657 |
| D | Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. | mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city. | ome parks should be reported in parentheses below the |
| | | 1 |
| F !4 | LINDSAY | STATE OK |
| First Community | ERIN SPRINGS | OK OK |
| | | |
| lows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | | | | | | | FORM SA1 | TEM IC |
|------------------------|--|--------------------|-----------|-----------------------------------|-----------|-------------------|--------------|-----------------------|--------|
| Name | | | | | | | | | 00865 |
| | | | | | | | | | |
| Е | SECONDARY TRANSMISSION In General: The information in s | | | | | v transmission | onvice of t | ha aabla | |
| - | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | | 0 | |
| Service: Sub- | Number of Subscribers: Both | - | | | | | • | | |
| scribers and | down by categories of secondar | | | | | | | | |
| Rates | each category by counting the n separately for the particular service | • | <i>,</i> | 0,0 | | | , | charged | |
| | Rate: Give the standard rate of | | | | | | | ge and the | |
| | unit in which it is generally billed | l. (Example: "\$ | 20/mth"). | Summarize any | standa | rd rate variation | s within a p | oarticular rate | |
| | category, but do not include disc | | | | | | | | |
| | Block 1: In the left-hand block | • | | - | | • | | | |
| | systems most commonly provide that applies to your system. Not | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | |
| | subscriber who pays extra for ca | | | | | | • | | |
| | first set" and would be counted of | | | | | | | | |
| | Block 2: If your cable system | - | | • | | | | | |
| | printed in block 1 (for example, t | | | | | | , | | |
| | with the number of subscribers a sufficient. | and rates, in the | e ngnt-na | and DIOCK. A two- | - or thre | e-word descript | ion of the s | service is | |
| | | OCK 1 | | | | | BLOCK | 2 | |
| F | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | RATE | САТЕ | EGORY OF SEF | RVICE | NO. OF SUBSCRIBERS | RATI |
| | Residential: | COBCONID | LIKO | TUTE | 0/11 | | (III) | CODOCIVIDENCO | 1011 |
| | Service to first set | | 294 | 34.99 | | | | | |
| | Service to additional set(s) | | | 04.00 | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 34 | 45.95 | | | | | |
| | Converter | | | -0.00 | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | SIONS: RATES | | | | | |
| - | In General: Space F calls for ra | | | | ect to a | Il your cable sys | stem's serv | rices that were | |
| F | not covered in space E, that is, t | | | | | | | | |
| . . | service for a single fee. There an | • | | • | | | • • • • | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | usually | Silleu. Il ally fale: | s ale ci | largeu on a van | able pei-pi | ografii basis, | |
| ransmissions: | Block 1: Give the standard rate | | he cable | system for each | of the | applicable servi | ces listed. | | |
| Rates | Block 2: List any services that | • • | | | - | - | | | |
| | listed in block 1 and for which a | | • | | ed. List | these other ser | vices in the | e form of a | |
| | brief (two- or three-word) descrip | otion and inclue | de the ra | te for each. | | <u>.</u> | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | CATEG | ORY OF SERVIC | CE | RATE | CATEGO | DRY OF SERVICE | RATE |
| | Continuing Services: | | Installa | tion: Non-reside | ential | | | | |
| | • Pay cable | 17.00 | • Mote | el, hotel | | | | | |
| | Pay cable—add'l channel | 19.00 | • Com | mercial | | | | | |
| | Fire protection | | • Pay | cable | | | | | |
| | •Burglar protection | | • Pay | cable-add'l chan | nel | | | | |
| | Installation: Residential | | • Fire | protection | | | | | |
| | • First set | 99.00 | • Burg | lar protection | | | | | |
| | Additional set(s) | 25.00 | Other s | ervices: | | | | | |
| | • FM radio (if separate rate) | | • Rec | onnect | | 40.00 | | | |
| | • Converter | | • Disc | onnect | | | | | |
| | | | | | | | I | | 1 |
| | | | • Outl | et relocation | | 25.00 | | | |
| | | | | et relocation e to new address | S | 25.00 99.00 | | | |

| | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM |
|--|--|---|--|---|
| Name | CEQUEL COMMUNIC | | | 0086 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G Primary ransmitters: Television | carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location | also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the- | (1) stations carried only on a part e carriage of certain network prog l(e)(2) and (4))]; and (2) certain st rried by your cable system on a si e Special Statement and Program both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES air designation. For example, rep rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the statio | t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er the air in its community a noncommercial pendent), "I-M" ational multicast). |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| - | KAUT-1 | 43 | I | OKLAHOMA CITY, OK |
| | KAUT-2 | 43.2 | I-M | OKLAHOMA CITY, OK |
| Rows as Necessary | KAUT-HD1 | 43 | I-M | OKLAHOMA CITY, OK |
| | KETA-1 | 13 | E | OKLAHOMA CITY, OK |
| | KETA-2 | 13.2 | E-M | OKLAHOMA CITY, OK |
| | KETA-HD1 | 13 | E-M | OKLAHOMA CITY, OK |
| | KFOR-1 | 4 | N | OKLAHOMA CITY, OK |
| | KFOR-2 | 4.2 | I-M | OKLAHOMA CITY, OK |
| | KFOR-HD1 | 4 | N-M | OKLAHOMA CITY, OK |
| | КОСВ-1 | 34 | l | OKLAHOMA CITY, OK |
| | КОСВ-2 | 34.2 | I-M | OKLAHOMA CITY, OK |
| | КОСВ-3 | 34.3 | I-M | OKLAHOMA CITY, OK |
| | KOCB-HD1 | 34 | I-M | OKLAHOMA CITY, OK |
| | KOCM-1 | 46 | I | NORMAN, OK |
| | KOCO-1 | 5 | N | OKLAHOMA CITY, OK |
| | KOCO-2 | 5.2 | I-M | OKLAHOMA CITY, OK |
| | KOCO-HD1 | 5 | N-M | OKLAHOMA CITY, OK |
| | КОКН-1 | 25 | I | OKLAHOMA CITY, OK |
| | KOKH-2 | 25.2 | I-M | OKLAHOMA CITY, OK |
| | КОКН-3 | 25.3 | I-M | OKLAHOMA CITY, OK |
| | KOKH-HD1 | 25 | I-M | OKLAHOMA CITY, OK |
| | КОРХ-1 | 62 | I | OKLAHOMA CITY, OK |
| | | 62 | I-M | OKLAHOMA CITY, OK |
| | KOPX-HD1 | 02 | I-IAI | |

| | LEGAL NAME OF OWNER C | OF CABLE SYSTEM: | | SYST | | | | |
|-------------|--|---|--|--|--|--|--|--|
| Name | CEQUEL COMMUNIC | CATIONS LLC | | C | | | | |
| | PRIMARY TRANSMITTERS: | : TELEVISION | | | | | | |
| G | carried by your cable syste | dentify every television station (including tra em during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the | 1) stations carried only on a par | t-time basis under | | | | |
| Primary | 0 | (e)(2) and (4) , or 76.63 (referring to 76.61) | | | | | | |
| ansmitters: | substitute program basis, | as explained in the next paragraph. | | | | | | |
| Television | | IS: With respect to any distant stations carr rules, regulations, or authorizations: | ried by your cable system on a s | substitute program | | | | |
| | | ere in space G—but do list it in space I (the | Special Statement and Program | n Log)—if the | | | | |
| | station was carried only of | | | | | | | |
| | | d also in space I, if the station was carried b tion concerning substitute basis stations, se | | | | | | |
| | | on's call sign. <i>Do not</i> report origination pro | | | | | | |
| | | ed with a station according to its over-the-a | air designation. For example, re | port multistream | | | | |
| | "WETA-2" as the same on Column 2: Give the chann | n the form. nel number the FCC assigned to the televis | sion station for broadcasting ov | er the air in its community | | | | |
| | | 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 ent | tering the letter "N" (for network), "N-M" (for | or network multicast), "I" (for inde | ependent), "I-M" | | | | |
| | educational station, by ent (for independent multicast | tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' | r network multicast), "I" (for inde "E-M" (for noncommercial educa | ependent), "I-M" | | | | |
| | educational station, by ent (for independent multicast For the meaning of these t | tering the letter "N" (for network), "N-M" (for | r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. | ependent), "I-M" ational multicast). | | | | |
| | educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. The community to which the static | ependent), "I-M" ational multicast). on is licensed by the | | | | |
| | educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. The community to which the static | ependent), "I-M" ational multicast). on is licensed by the | | | | |
| | educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana | tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the stati | ependent), "I-M" ational multicast). on is licensed by the on is identified. | | | | |
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| | educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 | tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. The community to which the static community with which the static 3. TYPE OF STATION I-M | ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK | | | | |
| | educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 | tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station e community with which the station 3. TYPE OF STATION | ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK | | | | |
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| | educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSBI-HD1 KTBO-1 KTBO-HD1 KTEN-1 KTUZ-1 KTUZ-HD1 KWTV-1 | tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 52 14 14 10 30 30 9 | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I-M I I I N I N N | ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK SHAWNEE, OK OKLAHOMA CITY, OK | | | | |

| LEGAL NAME OF | | | | | | | | SYSTEM 008 |
|---|---|---|---|--|---|--|--|----------------------------------|
| | every radio s | station ca | arried on a separate and discre nerally receivable by your cab | | | | | н |
| eccivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G | it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing sive the station | y the sys be recein to the Co sign of o the static ion's sign g a chech n's locati | I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | t the system's he system's FM ante his point, see pa ed by the cable s e station is licens | adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC | ?) it can ertain st eneral ii eparate : | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | | | | | | | FOR | M SA1-2E. PAGE 5. |
|--------------------------|---|-----------------------|---------------------------|--|---------------------|--------------|----------------|---------------------------|
| Nama | LEGAL NAME OF OWNER OF | | | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | ATIONS L | LC | | | | | 008657 |
| | SUBSTITUTE CARRIAG | | | |)G | | | |
| | In General: In space I, ident | - | - | | | tion that w | our cable eve | tem carried on a |
| - | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | RNING SUBS | TITUTE CARRIAGE | | | | |
| Special Statement and | During the accounting per | riod, did you | ur cable syster | m carry, on a substitute ba | isis, any noni | network tel | evision prog | ram |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| | - | | root of this pr | aa blank. If your anower i | - "V " vouu | | | |
| | Note: If your answer is "No | , leave the | e rest of this pa | age blank. If your answer i | s res, you | must comp | iete trie proç | gram |
| | log in block 2. 2. LOG OF SUBSTITUTI | | Me | | | | | |
| | In General: List each subs | | | ate line. Use abbreviation | s wherever p | ossible if t | heir meanin | a is |
| | clear. If you need more spa | | | | o 1111010101 p | | | 9.0 |
| | | | | vision program ("substitute | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | | | | | | |
| | "NBA Basketball: 76ers vs. | | | 1 1 5 | , | 1 / | , | |
| | | | | er "Yes." Otherwise enter | | | | |
| | | | | casting the substitute prog the community to which th | | consod by | the ECC or | in |
| | the case of Mexican or Car | | | | | | | |
| | Column 5: Give the mor | nth and day | | stem carried the substitute | | | ls, with the r | nonth |
| | first. Example: for May 7 gi | | | | | | e | . (.) . |
| | to the nearest five minutes. | | | ogram was carried by you | | | | ately |
| | stated as "6:00-6:30 p.m." | | a program car | | 1. 10 p.m. to t | 5.20.00 p.m | | |
| | Column 7: Enter the lett | | | n was substituted for prog | | | | |
| | to delete under FCC rules | | | | | | | ogram |
| | was substituted for programe ffect on October 19, 1976 | | your system w | as permitted to delete und | ter FCC rules | s and regul | ations in | |
| | | • | | | 1 1 | | | 1 |
| | | | | | | N SUBST | | |
| | 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 | | TIMES — TO | 5222.11011 |
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| Accounting Period: | 2020/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|-------------------------------|-------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SY | STEM ID# 008657 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmediate (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. | mission service amount, se | ,844.56 ss receipts) |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. | \$263,80(| |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 | his six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 | | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 00) | |
| | 1. Base amount under statutory formula | | |
| | 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 | <u> </u> | |
| | 7. Multiply line 6 by .005 (enter figure here) | | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, | 600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | | |
| | 3. Subtract line 2 from line 1 | | |
| | | 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) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo | | |

| Accounting Period: | 2020/1 | | | | | FORM SA1-2E. PAGE 7. |
|------------------------------------|--|--|---|---|---|---|
| Name | LEGAL NAME OF OWN CEQUEL COMMU | ER OF CABLE SYSTEM: NICATIONS LLC | | | | SYSTEM ID# 008657 |
| M Channels | to its subscribers, an 1. Enter the total nun system carried telev 2. Enter the total nun on which the cable | d (2) the cable system's t nber of channels on which vision broadcast stations nber of activated channel system carried television | 5 | during the acco | ounting period. | 34 . 539 |
| N Individual to Be Contacted | we can contact abou | t this statement of accour | IER INFORMATION IS NEEDED (nt.) | (Identify an indi | | (002) 570 2452 |
| for Further Information | Address 30 | ODNEY HASKINS 015 S SE LOOP 323 umber, street, rural route, apart YLER, TX 75701 ty, town, state, zip) | | | Telephone | • (903) 579-3152 |
| | Email | RODNEY.HAS | KINS@ALTICEUSA.COM | | Fax (optional) | |
| O Certification | I, the undersigned, h (Owner other other | hereby certify that (Check of her than corporation or p owner other than corpor 1 of space B and that the of r partner) I am an officer (1 of space B. e statement of account and nd correct to the best of my | ust be certified and signed in acco one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the o ation or partnership) I am the duly owner is not a corporation or partner if a corporation) or a partner (if a pa hereby declare under penalty of law <i>k</i> knowledge, information, and belief | cable system as authorized age rship; or artnership) of the w that all statem | identified in line 1 of space nt of the owner of the cable e legal entity identified as o nents of fact contained here | e B; or e system as identified wner of the cable system |
| | | | X /s/ Alan Dannenba | e line above to ce | | - |
| | | Typed or printed Title: (Title of o | ALAN DANNENE ALAN DANNENE SVP, PROGRAMMING fficial position held in corporation or partne | | | |
| | | Date: | | | 8/14/2020 | |

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 fling, a determination that would be made by a court of law.

| ounting Period: 2020/1 | FORM SA1-2E. PAGE |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| QUEL COMMUNICATIONS LLC | 0086 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below | P Special Statement Concerning Gross Receipts Exclusion |
| Name Name Mailing Address Mailing Address | |
| | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. | 0 |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessme |
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