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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to:		
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
	ems (Short Form)	03/02/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:		
	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))			
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	20202	Barcode Data Filing Period (optiona	al - see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp	-	diary of another corporation, give the full corp	orate title of		
Owner	List any other name or names under which	h the owner conducts the business of t	he cable system.			
	If there were different owners during the a statement of account and royalty fee payr		the last day of the accounting period should sul riod.	bmit a single		
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	020017		

		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
		3015 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:
		OKMULGEE, OK
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
		loin, tam, auto, cp coor

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#
Name	CEQUEL COMMUNICATIONS LLC	020017
D	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Area Served	city.	ome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	OKMULGEE	OK
Community	OKMULGEE COUNTY	OK
Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							TEM ID	
Name									02001	
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable									
—	system, that is, the retransmission			-		•				
Secondary	about other services (including p									
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,		brokon		
scribers and	down by categories of secondary	•					-			
Rates	each category by counting the n									
	separately for the particular serv									
	Rate: Give the standard rate c unit in which it is generally billed									
	category, but do not include disc				y standa		5 within a			
	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							e		
	Block 2: If your cable system printed in block 1 (for example, t	•		•						
	with the number of subscribers a						,.			
	sufficient.		-							
	BLO	DCK 1 NO. OF					BLOC	< 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set	,	1,359	34.99						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		48	45.95						
	Converter									
	Residential Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES						
F	In General: Space F calls for rat	•	,			, ,				
F	not covered in space E, that is, t service for a single fee. There a					,	,			
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur		usually	billed. If any rat	es are ch	arged on a vari	able per-p	rogram basis,		
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ho cobl	o system for oar	b of the	applicable convi	oog ligtod			
Rates	Block 2: List any services that							t were not		
	listed in block 1 and for which a				-	-				
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.						
		BLO	CK 1					BLOCK 2	BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:	17.00		ation: Non-resid	dential					
	Pay cable Add'l channel	17.00		tel, hotel						
	Pay cable—add'l channel Eire protection	19.00		mmercial / cable						
	Fire protection Burglar protection		-	y cable y cable-add'l cha	nnel					
	•Burgiar protection		-	e protection						
	First set	99.00		glar protection						
	Additional set(s)	25.00		services:						
	• FM radio (if separate rate)	20.00		connect		40.00				
	Converter			connect		10.00				
				tlet relocation		25.00				
			54						·	
			• Mo	ve to new addre	SS	99.00				

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name		ATIONS LLC		020
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	entify every television station (including tra m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(1) stations carried only on a part-tin carriage of certain network program	me basis under ams [sections
ransmitters: Television	Substitute Basis Stations basis under specific FCC ru	as explained in the next paragraph. With respect to any distant stations carr ules, regulations, or authorizations: e in space G—but do list it in space I (the		
	basis. For further informatio	a substitute basis. also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro	see page (v) of the general instruction	ions.
	multicast stream associated "WETA-2" as the same on t Column 2: Give the channed	d with a station according to its over-the-a the form. el number the FCC assigned to the televis	air designation. For example, repor	ort multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast),	/RC is channel 4 in Washington, D.C. a case whether the station is a network sta- pring the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or "	or network multicast), "I" (for indepe "E-M" (for noncommercial education	endent), "I-M"
	Column 4: Give the location	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th idian stations, if any, give the name of the	he community to which the station is	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDOR-1	17	<u> </u>	BARTLESVILLE, OK
	KGEB-1	53	I	TULSA, OK
Rows as Necessary	KGEB-HD1	53	I-M	TULSA, OK
	KJRH-1	2	N	TULSA, OK
	KJRH-HD1	2	N-M	TULSA, OK
	KMYT-2	41	I-M	TULSA, OK
	КМҮТ-3	41.2	I-M	TULSA, OK
	KMYT-HD1	41.3	I-M	TULSA, OK
	KMYT-1	41	I	TULSA, OK
	KOED-HD1	11	E-M	TULSA, OK
	KOED-1	11	E	TULSA, OK
	KOKI-3	23	I-M	TULSA, OK
	KOKI-HD1	23.2	I-M	TULSA, OK
	KOKI-2	23.3	I-M	TULSA, OK
	KOKI-1	23	1	TULSA, OK
	KOTV-1	6	N	TULSA, OK
	KOTV-HD1	6.3	N-M	TULSA, OK
	КОТУ-3	6	I-M	TULSA, OK
	KQCW-1	19	I	MUSKOGEE, OK
	KQCW-HD1	19	I-M	MUSKOGEE, OK
	KTPX-1	44	I	OKMULGEE, OK
		· · · · · · · · · · · · · · · · · · ·		
	KTPX-HD1	44	I-M	OKMULGEE, OK
		44 8	I-M N	OKMULGEE, OK TULSA, OK

counting Period:	2020/2			FORM SA1-2E. PAC					
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Maine	CEQUEL COMMUNIC	CATIONS LLC		0200					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	entify every television station (including tra em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the	1) stations carried only on a part-ti	me basis under					
Primary		(e)(2) and (4), or 76.63 (referring to 76.61(
Transmitters: Television		as explained in the next paragraph. s: With respect to any distant stations carr	ried by your cable system on a sub	ostitute program					
	• Do not list the station her	rules, regulations, or authorizations: re in space G—but do list it in space I (the	Special Statement and Program I	Log)—if the					
	station was carried only or								
		also in space I, if the station was carried b ion concerning substitute basis stations, se							
	Column 1: List each station's call sign. Do not 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, W	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.								
		adian stations, it any, give the name of the		is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KTUL-2	8.3	I-M	TULSA, OK					
	KTUL-HD1	8.4	N-M	TULSA, OK					
	KTUL-4	8	I-M	TULSA, OK					
	КШНВ-1	47		TULSA, OK					

EGAL NAME OF								SYSTEM 0200
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
0.000		0/7				0/7		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 020017
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				0			
Special Statement and	During the accounting peri-	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant stat	ion?				L	YES	× NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	ʻYes," you mu	ust complete	e the progra	m
	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 "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the calls Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day "e "5/7." es when the Example: a er "R" if the ind regulatio ming that y	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro program carri- listed program ons in effect du	rows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	program") that d for the prog eral instruction in titles, for ex lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	t, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim 8:30 p.m. s our system ter "P" if the	e accounting another sta er informatio ove Lucy" or e FCC or, in with the mon hes accurate hould be was <i>require</i> e listed progr	g tion n. nth ely
	s	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
							_	
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Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 020017
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service
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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800
	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 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	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 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K	0.00
	4. Multiply line 3 by .01	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,345.27
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,345.27 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,365.27
	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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 020017
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	otal num h the cab		unting period.	28
	2. Enter the tota on which the	I number of activated channels cable system carried television	s n broadc	ast stations		526
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		DRMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nent, or sui	te number)		
	Email	RODNEY.HASKI	(INS@A	LTICEUSA.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	st be cer	tified and signed in accordance with Copy	right Office regulations)	
Certification		d, hereby certify that (Check one r other than corporation or pa		l <i>y one</i> , of the boxes.) p) I am the owner of the cable system as ide	entified in line 1 of space E	3; or
	(Agent			artnership) I am the duly authorized agent o	of the owner of the cable s	ystem as identified
	· ·			not a corporation or partnership; or ation) or a partner (if a partnership) of the le	egal entity identified as owr	ner of the cable system
		te, and correct to the best of my		clare under penalty of law that all statements ge, information, and belief, and are made in		
			X	/s/ Alan Dannenbaum		
				electronic signature on the line above to certi nature using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printed r	name:	ALAN DANNENBAUM		
				PROGRAMMING position held in corporation or partnership)		
		Date:			2/25/2021	

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	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	020017
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	_
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessment
x	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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