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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (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
		Barcode Data Filing Period (optional - see instructions)
		20202 Barcode Data Filing Period (optional - see instructions)
Accounting 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
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or sulte 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:
		NEOSHO, MO
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
r.		

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.

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Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	025311
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	y" is the same as a "community unit" as defined in FCC rules: "a nunities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he city.	ome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	NEOSHO	MO
Community	NEWTON COUNTY(PORTION)	MO
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT								02531
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
—	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	`				,			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv	ice at the rate	indicate	d-not the numb	per of set	s receiving serving	/ice).	-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				y standal		s within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	nce again und	er "Ser∖	vice to additional	set(s)."				
	Block 2: If your cable system	•							
	printed in block 1 (for example, t with the number of subscribers a					•			
	sufficient.		s right i						
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		973	34.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		52	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
E	In General: Space F calls for rat	`	,		•	, ,			
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than	amount of the charge and the ur	nit in which it is							
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Rules	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	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-resid	lential				
	• Pay cable	17.00	• Mo	tel, hotel					
	Pay cable—add'l channel	19.00		mmercial					
	Fire protection		-	/ cable					
	•Burglar protection		-	/ cable-add'l cha	nnel				
	Installation: Residential			e protection					
	• First set	99.00		glar protection					
	Additional set(s)	25.00		services:		40.00			
	• FM radio (if separate rate)			connect connect		40.00			
			• UIS						
	Converter					05.00			
	• Converter		• Ou	tlet relocation ve to new addres		25.00 99.00			

unting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			025311
G Primary ansmitters: Felevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru	TELEVISION ntify every television station (including f n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th )(2) and (4), or 76.63 (referring to 76.6's e explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th	(1) stations carried only on a part-tim e carriage of certain network progran 1(e)(2) and (4))]; and (2) certain static rrried by your cable system on a subs	e basis under ns [sections ons carried on a titute program
	station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	a substitute basis. Ilso in space I, if the station was carried n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	I both on a substitute basis and also of see page (v) of the general instructio rogram services such as HBO, ESPN -air designation. For example, report vision station for broadcasting over the station, an independent station, or a n for network multicast), "I" (for indeper r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	on some other ns. I, etc. Identify each multistream e air in its community oncommercial ident), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCLG-1	32	I	NEOSHO, MO
	KFJX-1	14	I	PITTSBURG, KS
as Necessary	KFJX-2	14.2	I-M	PITTSBURG, KS
	KFJX-HD1	14	I-M	PITTSBURG, KS
	KFJX-HD2	14.2	I-M	PITTSBURG, KS
	KJPX-1	47	I	JOPLIN, MO
	KOAM-1	7	N	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	Е	JOPLIN, MO
	KSNF-1	16	N	JOPLIN, MO
	KSNF-HD1	16	N-M	JOPLIN, MO

EGAL NAME OF								SYSTEM 0253
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. entify 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. n is AM or FM. nal 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
0.411 0.511								
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							SYSTEM ID: 025311
I	SUBSTITUTE CARRIAGE	fy every non	network televis	ion program, broadcast by a				
Substitute	substitute basis during the ad explanation of the programm	ing that mus	t be included in	this log, see page (v) of the				
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonne	twork televi		
Program Log	broadcast by a distant stat	tion?				L	YES	NO
	Note: If your answer is "No'	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complet	e the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian statio th and day ve "5/7." es when the Example: a er "R" if the and regulation	im 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 e substitute pro program carri- listed program ons in effect du	rows to the tables. ision program ("substitute j ur cable system substitute s. See page (v) of the gene itball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute j gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog and instruction in titles, for ex- lo." m. station is licer station is ider program. User cable system. 15 p.m. to 6:2 mming that y ; enter the let	at, during th gramming o ns for furthe ample, "I Le entified). a numerals, . List the tin 28:30 p.m. s rour system ter "P" if the	e accounting f another sta er information ove Lucy" or e FCC or, in with the mon mes accurate should be n was <i>require</i> e listed progr	tion n. hth ly
			E PROGRAM			EN SUBST		7. REASON FO
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. <sup>-</sup> FROM	TIMES — TO	DELETION
							_	
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							_	
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Accounting Period:	2020/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CEQUEL COMMUNICATIONS LLC 025311
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 • 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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month
	Line 1. Royalty fee for accounting period
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 257,591.12
	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) \$ 1,256.91
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$ 263,800.00
	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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,256.91
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,276.91
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 025311
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to I number of channels on which	otal num	Is on which the cable system carried telev ber of activated channels during the acco le	punting period.	13
	on which the	I number of activated channels cable system carried television dcast services	n broadc	ast stations		260
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun		<b>DRMATION IS NEEDED</b> (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, apartm TYLER, TX 75701 (City, town, state, zip)	nent, or su	te number)		
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	st be ce	tified and signed in accordance with Copy	yright Office regulations)	
Certification		d, hereby certify that (Check one				
				p) I am the owner of the cable system as id artnership) I am the duly authorized agent (		
		in line 1 of space B and that the	e owner is	antership) i an the duy authorized agent not a corporation or partnership; or ation) or a partner (if a partnership) of the le		
		te, and correct to the best of my	-	clare under penalty of law that all statement 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 i	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	025311
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <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> </ul> </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> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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