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

STATEMEN	T OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Cable Systems	Transmissions by s (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instruction in the first tab of t		03/02/21	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	CCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(Period))]

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))		
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31		
		20202 Barcode Data Filing Period (optional - see instructions)		
• "		20202		
Accounting Period				
	1	Instructions:		
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the ful the subsidiary, not that of the parent corporation.	ll corporate title of	
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 shows statement of account and royalty fee payment covering the entire accounting period.	uld submit a single	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.		004235
		_		
		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 or as already appear in space B. In line 2, give the mailing address of the system, if different from the address of the system.		
System	1	IDENTIFICATION OF CABLE SYSTEM:		
	Ľ.	POTEAU, OK		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2	(Number, street, rural route, apartment, or suite number)		
		(City, town, state, zip code)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "commun	004235
D	separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will so community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Area Served	city.	nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	POTEAU	ОК
Community	LEFLORE COUNTY(PORTION)	ок
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM ID
Name									00423
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 Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hla avatam	brokon	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv							wa and the	
	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	in space E, th	e form l	ists the categori					
	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 o	once again und	er "Serv	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.		c ngnt-i	and block. A two		e-word descript			
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	
	Residential:						-		
	Service to first set		414	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		48	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								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Nates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	tion and includ	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY 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	• Coi	mmercial					
	Fire protection		1 -	/ cable					
	•Burglar protection		· ·	/ cable-add'l cha	nnel				
	Installation: Residential			e protection					
	• First set	99.00		glar protection					
			Other s	services:					
	Additional set(s)	25.00	-						
	• FM radio (if separate rate)	25.00	•	connect		40.00			
		25.00	• Dis	connect connect					
	• FM radio (if separate rate)	25.00	• Dis • Out	connect		40.00 25.00 99.00			

Name G	LEGAL NAME OF OWNER O			
)F CABLE SYSTEM:		SYSTEM II
G	CEQUEL COMMUNIC	CATIONS LLC		00423
Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC (• Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the column 4: Give the location	lentify every television station (including tra- ern during the accounting period, <i>except</i> (* ; in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations carr rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried I ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part-tin e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also ice page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over the tation, an independent station, or a for network multicast), "I" (for indepen- tions in the paper SA1-2 form, the community to which the station in the station in the station is in the station in the station in the station in the station is in the station in the station in the station in the station is in the	me basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAFT-1	9	E	FAYETTEVILLE, AR
	KFSM-1	5	N	FORT SMITH, AR
ows as Necessary		24	I	FORT SMITH, AR
	KHBS-1	40	N	FORT SMITH, AR
	KHBS-2	40.2	I-M	FORT SMITH, AR
	KNWA-1	51	N	ROGERS, AR
	KOET-1	3	Е	_
	KTUL-1		-	EUFAULA, OK
	KIUL-I	8	N	TULSA, OK
	KTOL-1 KXNW-1	8 25		·····

EGAL NAME OF								SYSTEM I 0042
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si	it is carried by monitoring, to rrmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-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.	t the system's hea system's FM ante this point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
gnal, indicate Column 4: G	this by placing ive the statior	g a checl n's locati	nal was electronically process wark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						0,0		

Namo							FUR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA							SYSTEM ID# 004235
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi <i>substitute basis</i> during the ac explanation of the programm	counting pe	riod, under spe	cific present and former FC	C rules, regula	tions, or a	uthorizations. I	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE	-			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work telev	rision program	1
	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist comple	te the prograr	n
	log in block 2.			-	-	-		
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat 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." Column 7: Enter the letted to delete under FCC rules a was substituted for program	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 you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute prog- program carrie listed program ons in effect du	ows to the tables. sion program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra ring the accounting period;	brogram") that d for the prog and instruction n titles, for exi- to." m. station is lice station is iden brogram. Use cable system. 5 p.m. to 6:2 mming that y enter the let	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals List the tiu 8:30 p.m. our systen ter "P" if th	he accounting of another stat er informatior ove Lucy" or e FCC or, in , with the mor mes accurate should be n was <i>require</i> e listed progra	tion n. nth ly
-	effect on October 19, 1976.		E PROGRAM			N SUBST		7. REASON FOF
-	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
[-	
							_	
						 	<u> </u>	

Accounting Period:	2020/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID CEQUEL COMMUNICATIONS LLC 00423
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 accounting period is \$52.00 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 \$ 143,991.45
	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) \$ 120.91
	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
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 120.91
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 \$ 140.91
	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# 004235
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	otal num	Is on which the cable system carried telev ber of activated channels during the acco le	punting period.	9
	on which the	I number of activated channels cable system carried television dcast services	n broadc	ast stations		129
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, apartm TYLER, TX 75701 (City, town, state, zip)	nent, or su	te number)		
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
O Certification	• I, the undersigne	d, hereby certify that (Check one r other than corporation or pa	e, <i>but on</i> artnershi tion or p	tified and signed in accordance with Copy <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as id artnership) I am the duly authorized agent on a corporation or partnership; or	dentified in line 1 of space B	
	I have examined	in line 1 of space B. the statement of account and he te, and correct to the best of my	ereby de	ation) or a partner (if a partnership) of the le clare under penalty of law that all statement ge, information, and belief, and are made in	ts of fact contained herein	er of the cable system
				/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	00423
 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? X NO Y ES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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	
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 - x	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessment</pre>
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessment</pre>

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