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

STATEME	ENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ictions are located of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	Y/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		7		

Accounting Period		20202 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
		GREAT PLAINS CORRECTIONAL FACILITY
		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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063645
D	Instructions: List each separate community served by the cable system. A "comn separate and distinct community or municipal entity (including unincorporated c unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob	ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
Area Served	city.	
First		STATE
First Community	HINTON (GREAT PLAINS CORR)	ОК
<b>,</b>		
Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SY	A1-2E. PAGE
Name								•	06364
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-	Number of Subscribers: Both	•					,	,	
scribers and Rates	down by categories of secondary each category by counting the n			•		•			
Ruco	separately for the particular serv							onarged	
	Rate: Give the standard rate c								
	unit in which it is generally billed				iy standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmi	sion servi	ce that cable	
	systems most commonly provide	•		Ũ					
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					I in the count ur	der "Servi	ce to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a	ind rates, in the i	right-ha	nd block. A tw	o- or thre	e-word descript	on of the s	service is	
	sufficient.	DCK 1					BLOC	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	• Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		23	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	ONS: RATES					
F	In General: Space F calls for rat	<b>`</b>	,		•	, ,			
•	not covered in space E, that is, t	hose services th		not offered in c	ombinati				
		o two oxeentions		la not nood to		,	,		
Services	service for a single fee. There ar furnished at cost or (2) services				give rate	information con	cerning (1	) services	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur	or facilities furnis	shed to	nonsubscribe	give rate rs. Rate ii	information con	cerning (1 Id include	) services both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furnis hit in which it is u rate column.	shed to sually b	nonsubscribe billed. If any ra	give rate rs. Rate ii tes are ch	information con nformation shou narged on a vari	cerning (1 ld include able per-p	) services both the	
Other Than Secondary Fransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	or facilities furnis hit in which it is u rate column. e charged by the	shed to sually t e cable	nonsubscribe billed. If any ra system for ea	give rate rs. Rate in tes are ch ch of the	information con oformation shou parged on a vari applicable servi	cerning (1 ld include able per-p ces listed.	) services both the rogram basis,	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furnis nit in which it is us rate column. se charged by the syour cable syste	shed to sually b e cable em furn	nonsubscribe pilled. If any ra system for ea ished or offere	give rate rs. Rate in tes are ch ch of the ed during	information con offormation shou arged on a vari applicable servi the accounting	cerning (1 ld include able per-p ces listed. period that	) services both the rogram basis, : were not	
Other Than Secondary Fransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that	or facilities furnis nit in which it is u rate column. e charged by the your cable syste separate charge	shed to sually b e cable em furn was m	nonsubscribe villed. If any ra system for ea ished or offere ade or establis	give rate rs. Rate in tes are ch ch of the ed during	information con offormation shou arged on a vari applicable servi the accounting	cerning (1 ld include able per-p ces listed. period that	) services both the rogram basis, : were not	
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				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID
				06364
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eaci educational station, by enter (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	entify every television station (including t m during the accounting period, <i>except</i> 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. <b>s:</b> With respect to any distant stations ca ules, 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 on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepu- tictions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-1	43	I	OKLAHOMA CITY, OK
	KETA-1	13	Е	OKLAHOMA CITY, OK
vs as Necessary	KFOR-1	4	N	OKLAHMA CITY, OK
	KOCB-1	34	I	OKLAHOMA CITY, OK
	КОСВ-1 КОСО-1	34 5	I N	
			-	OKLAHOMA CITY, OK
	KOCO-1	5	-	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	КОСО-1 КОКН-1 КЅВІ-1	5 25 52	-	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO-1 KOKH-1 KSBI-1 KTUZ-1	5 25 52 30	-	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK
	КОСО-1 КОКН-1 КЅВІ-1	5 25 52	-	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK

CEQUEL CO								SYSTEM I 0636
	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 <b>Column 1:</b> Id	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei t the Co sign of e	-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	adend, and (2 nna, during ce	) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
ignal, indicate <b>Column 4:</b> G	this by placing ive the station	g a checl n's locati	nal was electronically process mark 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	
						†		

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 063645
I	SUBSTITUTE CARRIAGE In General: In space I, identi	fy every non	network televis	<i>ion program,</i> broadcast by a	a <i>distant</i> statio			
Substitute	substitute basis during the ac explanation of the programmi							
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	<ul> <li>During the accounting peri</li> </ul>	•	r cable system	carry, on a substitute bas	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	je blank. If your answer is	"Yes," you mu	ust complete	e the progra	m
	log in block 2.		MO					
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broa 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."	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast static adian statio data statio adian statio adian statio es when the Example: a er "R" if the nd regulatio	m on a separa add additional r nnetwork televi on and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the of when your syst substitute pro program carrie listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tabl." 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 gram was carried by your 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	at, during the ramming of ns for furthe ample, "I Lo nsed by the tified). a numerals, List the tim 28:30 p.m. s rour system ter "P" if the	e accounting another sta er informatio ove Lucy" or e FCC or, in with the more hes accurate hould be was <i>require</i> e listed progr	g tion n. nth ely ed
	S	UBSTITUT	E PROGRAM			EN SUBSTI		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. 1 FROM	rimes — to	DELETION
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063645
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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.	ission service mount, see	5,562.00 iss 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 \$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		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         1. Base amount under statutory formula       \$263,800.00         2. Enter amount of gross receipts from space K		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,		
	1. Enter the amount of gross receipts from space K		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)       \$         2. Filing Fee (See the instructions for more information on filing fee calculations)       \$	52.00 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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063645
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	otal num	els on which the cable system carried tel ber of activated channels during the act	counting period.	10
	2. Enter the tota on which the	I number of activated channels cable system carried television	s n broadc			44
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		DRMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nent, or su	ite number)		
	Email	RODNEY.HASKI	(INS@A	LTICEUSA.COM	Fax (optional	
ο	CERTIFICATION	This statement of account mus	st be ce	tified and signed in accordance with Co	pyright Office regulations)	
Certification		d, hereby certify that (Check one			identified in line 1 of anone 1	l. er
				<ul> <li>p) I am the owner of the cable system as</li> <li>artnership) I am the duly authorized ager</li> </ul>		
	X (Office	in line 1 of space B and that the er or partner) I am an officer (if	e owner is	ation) or a partner (if a partnership) of the		
	• I have examined	te, and correct to the best of my	-	clare under penalty of law that all stateme ge, information, and belief, and are made		
			X	/s/ Alan Dannenbaum		
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jol		
		Typed or printed r	name:	ALAN DANNENBAUM		
				PROGRAMMING I position held in corporation or partnership)		
		Date:			2/25/2021	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06364
<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 Name Mailing Address Mailing Address	
Very private apprendicts this wanted back for these private private any mitted on a provide of a late payment or undergoing and	
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 Assessment
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