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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
8/29/24	\$							
0/29/24	ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2024/1				
Period					
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine: If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC	ss of the cable syster on the last day of the unting period.	em. the accounting period should su	•	025213
				025213	320241
				025213	2024/1
	3027 S SE LOOP 323				
	TYLER, TX 75701				
С	INSTRUCTIONS: In line 1, give any business or trade names used to				
	names already appear in space B. In line 2, give the mailing address of	trie system, if dii	Terent from the address giv	en in spac	е в.
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	RUSTON MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on pag	 je 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	RUSTON	LA			
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#
Sample	Allda	MD	A		1
	Alliance Gering	MD MD	B B		3
	Geiling	IVID	В		•

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.

CODM SAGE DAGE 15			ACCOUNT	ING PERIOD: 2024/1
FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
CEQUEL COMMUNICATIONS LLC			025213	
Instructions: List each separate community served by the cable system. A "communit in FCC rules: "a separate and distinct community or municipal entity (including unincor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first community.	porated communit st community that rst community on	ies within unincorp you list will serve all future filings.	orated as a form	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho below the identified city or town.	me parks should b	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., call communities with the channel line-up "A" in the appropriate column below or leave to on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	he column blank. l elevant communit	f you report any st y with a subscriber	rations group,	
When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) an (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
RUSTON	LA			First
GRAMBLING	LA			Community
HILLY	LA			
LINCOLN PARISH	LA			
SIMSBORO	LA			
VIENNA	LA			See instructions for additional information
				on alphabetization.
				Add rows as necessary.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 025213

Ε

Secondary Transmission Service: Subscribers and Rates

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 of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2	
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	3,659	\$ 50.00	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	177	\$ 45.95	
Converter			
Residential			
Non-residential			
	 	†	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLO	CK 1				BLOCK 2	
CATEGORY OF SERVICE	I	RATE	CATEGORY OF SERVICE	I	RATE	•	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel					
 Pay cable—add'l channel 	\$	19.00	Commercial					
Fire protection			• Pay cable			"		
 Burglar protection 			Pay cable-add'l channel					
Installation: Residential			Fire protection			ľ		
First set	\$	99.00	Burglar protection					
 Additional set(s) 	\$	25.00	Other services:			ľ		
 FM radio (if separate rate) 			Reconnect	\$	40.00			
 Converter 			Disconnect					
			 Outlet relocation 	\$	25.00	ľ		
			 Move to new address 	\$	99.00	"		
						"		

LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name 025213 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up CHANNEL LINE-UP AA 1. CALL 2. B'CAST TYPE 4. DISTANT? BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KAQY-1 11 Ν No COLUMBIA, LA KAQY-HD1 11 N-M No COLUMBIA, LA See instructions for additional information KARD-1 14 No WEST MONROE, LA on alphabetization. KARD-2 14.2 I-M No WEST MONROE, LA KARD-3 14.3 I-M No WEST MONROE, LA KARD-HD1 14 I-M No WEST MONROE, LA KLTM-1 13 Ε No MONROE. LA KLTM-2 13.2 E-M No MONROE, LA KLTM-3 13.3 E-M No MONROE, LA KLTM-HD1 13 E-M No MONROE, LA WEST MONROE, LA KMCT-1 39 ı No KMLU-1 11 No COLUMBIA, LA I KNOE-1 8 Ν No MONROE, LA KNOE-3 I-M 8.3 No MONROE, LA I-M No KNOE-4 8.4 MONROE, LA KNOE-HD1 8 N-M No MONROE, LA KTBS-1 3 Ν No SHREVEPORT, LA KTVE-1 10.2 I No EL DORADO, AR KTVE-3 10.3 I-M No EL DORADO, AR KTVE-4 10.4 I-M No EL DORADO, AR KTVE-HD1 10.1 I-M No EL DORADO, AR

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 025213 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2024/1

TORWI GASE, I AGE 3.						ACCOUNTING	1 LINIOD. 2024/1
LEGAL NAME OF OWNER OF CEQUEL COMMUNICA					S	YSTEM ID# 025213	Name
SUBSTITUTE CARRIAG In General: In space I, ident	_	_		_	on that your cable system	carried on a	ı
substitute basis during the a explanation of the programm form.							Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage: Special
During the accounting pe broadcast by a distant sta		ur cable syste	m carry, on a substitute ba	sis, any noni	network television progr Yes		Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the progr	ram	
2. LOG OF SUBSTITUT			rata lina. Llaa abbraviatian	, whorever n	assible if their magning	io	
In General: List each subsclear. If you need more spa				s wnerever p	ossible, if their meaning	IS	
Column 1: Give the title	of every no	onnetwork tele	vision program (substitute				
period, was broadcast by a under certain FCC rules, re							
SA3 form for futher information	ation. Do n	ot use general	categories like "movies",				
titles, for example, "I Love Column 2: If the progra			: 76ers vs. Bulls." er "Yes." Otherwise enter	"No "			
Column 3: Give the call	sign of the	station broade	casting the substitute prog	ram.			
Column 4: Give the bro the case of Mexican or Car			the community to which the			n	
Column 5: Give the mo	nth and day		stem carried the substitute			onth	
first. Example: for May 7 gi		o substituto pr	ogram was carried by you	r cablo sveto	m List the times accura	toly	
to the nearest five minutes						itery	
stated as "6:00-6:30 p.m."	"D" :f .h .						
to delete under FCC rules			n was substituted for prog luring the accounting perio				
gram was substituted for p	•	g that your sys	tem was permitted to dele	te under FC0	C rules and regulations i	n	
effect on October 19, 1976	i.						
s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	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. TIMES FROM — TO	DELETION	
					_		
					_		
					_	'	
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					<u> </u>		
	 						
					<u> </u>	 	
					<u> </u>		
						·	
					_		

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 025213 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS FROM DATE **FROM** DATE TO TO

LEGA	AL NAME OF OWNER OF CABLE SYSTEM: QUEL COMMUNICATIONS LLC	SYSTEM ID# 025213	Name
GRO Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	t you pay. Enter the total of ondary transmission service	K Gross Receipts
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,044,084.79 (Amount of gross receipts)	
ConConIf yoIf yoIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the arfrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.		Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\!$	e entered on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 1,044,084.79	
	This is your minimum fee.	\$ 11,109.06	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. X No—Leave block 3 below blank and	nn 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_\$ -	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 11,109.06	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 11,834.06	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions to		

Name	LEGAL NAME OF OWNER			SYSTEM ID# 025213
	CEQUEL COMMU	NICATIO	NS LLC	023213
M Channels		•	the number of channels on which the cable system carried television broadcast stati able system's total number of activated channels, during the accounting period.	ions
ona.moio			annels on which the cable adcast stations	21
	2. Enter the total nu	mber of a	tivated channels	
			arried television broadcast stations	312
	and nonbroadcast	services .		
N Individual to Be Contacted	INDIVIDUAL TO BE		TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual ement of account.)	
for Further Information	Name RODN	EY HAS	KINS Telephone (90	03) 579-3152
	Address 3027 S	SE LO	DP 323 ute, apartment, or suite number)	
		R, TX 75	701	
	Email	,	EY.HASKINS@ALTICEUSA.COM Fax (optional)	
_	CERTIFICATION (Th	is stateme	nt of account must be certifed and signed in accordance with Copyright Office regulation	ons.)
O Certifcation	• I, the undersigned,	hereby cert	fy that (Check one, but only one, of the boxes.)	
	(Owner other tha	ın corpora	ion or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	r
			corporation or partnership) I am the duly authorized agent of the owner of the cable syst hat the owner is not a corporation or partnership; or	em as identified
	(Officer or partn in line 1 of sp		officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	of the cable system
		nd correct	of account and hereby declare under penalty of law that all statements of fact contained he to the best of my knowledge, information, and belief, and are made in good faith.	erein
		X	/s/ Alan Dannenbaum	
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the en type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatib	
		Typed o	r printed name: ALAN DANNENBAUM	
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
		Date:	August 29, 2024	

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 the 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 telephon 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 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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CEQUEL COMMUNICATIONS LLC	025213	Name
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic clude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA3 form.	in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?	missions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	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	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
×C	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan	ce please	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	·	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce please list below the owner, address, first community served, accounting period, and ID number as given in the filing.		
Owner Address		
First community served		
Accounting period ID number		

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 th 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.

DOL SCHEDULE. FAGI	,	E OVOTEM:			2\	STEM ID#
1	LEGAL NAME OF OWNER OF CABLE				31	
_	CEQUEL COMMUNICAT	IONS LLC				025213
	SUM OF DSEs OF CATEGOR	RY "O" STATIOI	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00	
				ľ		
2	Instructions: In the column headed "Call S	Sian": list the co	Il ciane of all dictant ctations	identified by t	he letter "O" in column 5	
	of space G (page 3).	Jigii . list tile ca	ii signis or all distant stations	s identified by t	ne letter O in column 5	
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSI	E as "1.0"; for	each network or noncom-	
	mercial educational station, giv					
Category "O"			CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary. Remember to copy						
all formula into new						
rows.						

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 025213 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 3 Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1. CALL SIGN OF HOURS OF HOURS **CARRIAGE VALUE CARRIED BY VALUE** STATION SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF OF DAYS OF DAYS SIGN SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 ● **Total Number** 0.00 of DSFs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 0.00 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/1

	OWNER OF CABLE						S	YSTEM ID# 025213	Mama
In block A:	ck A must be com	•	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
• If your answer if	"No," complete blo			EL EVIOLONI M	ADVETO				Computation of
la dia califaction				ELEVISION M		ti 70 F . f	F00 l l		3.75 Fee
effect on June 24,	m located wholly o , 1981? nplete part 8 of the		•				·	guiations in	
X No—Comp	plete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			-
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Ju edule. (Note: Tl	part 2, 3, and 4 or ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursu: *F A station pre	ules and regued pursuant on as define tal education d station (76. or DSE scheo ant to individ aviously carrio JHF station v	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring obstitution of g asis prior to Ju	n June 24, 198 n), 76.61(b)(c), referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
									 -
								0.00	
		E	BLOCK C: CC	MPUTATION O	F 3.75 FEE				-
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			п-		
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove			10-	-	
	line 2 from line 1 leave lines 4–7 b			•		rate.	n-	0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	page 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply l	line 4 by 0.0375	and enter s	um here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	÷ 3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply l	line 6 bv line 5 ar	nd enter he	re and on line	2. block 3. spac	e L (page 7)	1		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC 025213									
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
						•			

						•			
				I		II	I		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 025213 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Surcharge Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 025213	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,044,084.79	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 025213					
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.						
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$						
of the Syndicated	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$							
Exclusivity Surcharge								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.						
		F. Multiply line D by line E and enter here						
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.						
8 Computation of	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be							
Base Rate Fee	blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers						
	were lo	pocated within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.	cal					
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?						
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.						
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE						
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$ 1,044,084.	.79_					
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	0.00					
	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
	A. Enter 0.01064 of gross receipts (the amount in section 1)							
B. Enter 0.00701 of gross receipts (the amount in section 1)								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -						
	D. Multiply line B by line C and enter here	<u>-</u>						
	E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee. \$	-					

	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	3 PERIOD: 2024/.
	JEL COMMUNICATIONS LLC 025213	Name
CLQC	DEL COMMONICATIONS ELC	
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$\bigsim \bigsim \bigsi	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here >	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	G. Add lines A, C, and F. This is your base rate fee	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 0.00	
	PTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
•	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation of
this ex	clusion, you must:	Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	Partially
	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
		for Partially
	o Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted
-	to that community.	Stations
-	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
,	,	
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.	
	section:	
• Identi	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• If:	bers in the group.	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
, -	f this schedule; or,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
•	6 of this schedule. he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	paper SA3 form.	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	
	ctual calculations on the form.	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 025213 **CEQUEL COMMUNICATIONS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						5	025213	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0						SUBSCRIBER GRO	UP	
				COMMUNITY/ AREA 0			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
		_						for
								Partially
								Distant
								Stations
			.					
otal DSEs	•		0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	ID		FOLIRTH	SUBSCRIBER GRO	IID	
OMMUNITY/ AREA	HIND	30B3CNBEN GNOC	0	COMMUNITY/ AREA		30B3CNBEN GNO	0	
OMMONT I/ AILA				COMMONT I/ AILA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
			.					
		-						
	.							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Fourt	h Group	\$	0.00		
,	'				1-	<u> </u>		
							_	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
_								
ase Rate Fee: Add th nter here and in block			riber group	as shown in the boxes	above.	\$	0.00	
THE HELE AND IN DIOCK	. J, III E 1, 1	space L (page 1)				Ψ	3.00	

Nonpermitted 3.75 Stations

CEQUEL COMMU	INICATIO	NS LLC					025213	Name
E				ATE FEES FOR EAC				
	FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO	_	9
COMMUNITY/ AREA 0				COMMUNITY/ AREA	Α		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for
						-		Partially Distant
								Station
otal DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
		I call close	T 505		T 505	II ou oo		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			0.00	T			0.00	
Total DSEs 0.00			Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00			Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				II				
ase Rate Fee: Add t			criber group	as shown in the boxe	s above.	s	0.00	
mei neie and in bloc	κο, iiie 1, S	space L (page /)				φ	0.00	

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	025213						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	First 50 major television market	Second 50 major television market						
Base Rate Fee	INSTRUCTIONS:							
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of						
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group	for the VHF Grade B contour stations that were classified as						
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none en							
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the	·						
Distant	1	gures applicable to the particular group. You do not need to show						
Stations	your actual calculations on this form.							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line A. Estantia MIE POE	Line 4. February MIT DOF						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the						
	total number of DSEs for	total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge	subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE						
	First Group	Second Group						
		000000000000000000000000000000000000000						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1						
	and enter here. This is the	and enter here. This is the						
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group						
	subject to the surcharge	subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY						
	SURCHARGE	SURCHARGE						
	Third Group	Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for							
	in the boxes above. Enter here and in block 4, line 2 of space L (page							