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 COPYRIGHT OFFICE USE ONLY

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	\$						
	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 Period	2024/1				
B Owner	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 busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco	ss of the cable system on the last day of the counting period.	em. the accounting period should su		55
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	CEQUEL COMMUNICATIONS LLC				
				0067552024	<b>!</b> 1
				006755 2024/1	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 o	of the system, if dif	ferent from the address giv	en in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM: ALEXANDRIA				
	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 page 1b	
Area Served	with all communities.  CITY OR TOWN	STATE			
First	ALEXANDRIA	LA			
Community	Below is a sample for reporting communities if you report multiple ch		Space G.		_
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	
Sample	Alda	MD	Α	1	
	Alliance	MD	В	2	
	Gering	MD	В	3	

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.

FORM SA3E. PAGE 1b.			Account	ING FEMOD: 2024/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
CEQUEL COMMUNICATIONS LLC			006755	
<b>Instructions:</b> List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communition	es within unincorp you list will serve a	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should be	e reported in pare	ntheses	1 2 2 2 2 2
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the 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).	e column blank. İf	you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
ALEXANDRIA	LA			First
BALL	LA			Community
GRANT PARISH	LA LA			
PINEVILLE	LA LA			
POLLACK	LA			See instructions for
RAPIDES PARISH	LA			additional information
				on alphabetization.
				Add rows as necessary.
				, , , , , , , , , , , , , , , , , , , ,

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 006755

# 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:			
<ul> <li>Service to first set</li> </ul>	12,416	\$ 50.00	
<ul> <li>Service to additional set(s)</li> </ul>			
<ul> <li>FM radio (if separate rate)</li> </ul>			
Motel, hotel			
Commercial	792	\$ 45.95	
Converter			
Residential			
Non-residential			
	<u> </u>	<b>†</b>	

# 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	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
Pay cable	\$	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	\$	19.00	Commercial			
Fire protection			• Pay cable			
Burglar protection			Pay cable-add'l channel			
Installation: Residential			Fire protection			
First set	\$	99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	\$	25.00	Other services:			
• FM radio (if separate rate)			Reconnect	\$ 40.00		
Converter			Disconnect			
			Outlet relocation	\$ 25.00		
			Move to new address	\$ 99.00		

SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 006755 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 periodexcept (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 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 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 prograr 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 th 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 oth basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identif each multicast stream associated with a station according to its over-the-air designation. For example, report mult cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exampl Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the chann∉ 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-N (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 experience of the station is outside the local service area, (i.e. "distant"), enter "Yes". planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syste 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 subje of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the design tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 th 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 6. LOCATION OF STATION 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KALB-1 ALEXANDRIA, LA 5 Ν No KALB-2 5.2 N-M No ALEXANDRIA, LA See instructions for additional information KALB-3 5.3 I-M No ALEXANDRIA, LA n alphabetization KALB-4 No 5.4 I-M ALEXANDRIA, LA KALB-HD1 5 N-M No ALEXANDRIA, LA KALB-HD2 5.2 N-M No ALEXANDRIA, LA KBCA-1 41 No ALEXANDRIA. LA ı KLAX-1 31 Ν No ALEXANDRIA, LA I-M KLAX-2 31.2 No ALEXANDRIA, LA KLAX-HD1 31 N-M ALEXANDRIA, LA No KLPA-1 25 Ε No ALEXANDRIA, LA ALEXANDRIA, LA KLPA-2 25.2 E-M No KLPA-3 25.3 E-M ALEXANDRIA, LA No KLPA-HD1 25 E-M No ALEXANDRIA, LA WNTZ-1 48 No ALEXANDRIA, LA ı WNTZ-2 48.2 I-M No ALEXANDRIA, LA WNTZ-3 48.3 I-M No ALEXANDRIA, LA WNTZ-4 48.4 I-M Nο ALEXANDRIA, LA WNTZ-HD1 48 I-M No ALEXANDRIA, LA

**ACCOUNTING PERIOD: 2024/1** FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 006755 **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

				S	OVSTEM ID# 006755	Name		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.								
riod, did you tion?  ", leave the E PROGRA titute prograce, please of every no distant sta egulations, oution. Do no Lucy" or "No m was broa	e rest of this parameter attach addition on the total and that your authorization tuse general BA Basketball adcast live, ent	age blank. If your answer is age blank. If your answer is ate line. Use abbreviations all pages. Vision program (substitute your cable system substitute ins. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter	s "Yes," you is wherever posted for the preparation instructor "basketball"	must complete the programming of another stitions located in the pap	X No ram I is g station er	Substitute Carriage: Special Statement and Program Log		
nn 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in of Mexican or Canadian stations, if any, the community with which the station is identified).  nn 5: Give the month and day when your system carried the substitute program. Use numerals, with the month mple: for May 7 give "5/7."  nn 6: State the times when the substitute program was carried by your cable system. List the times accurately arest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be s "6:00–6:30 p.m."  nn 7: Enter the letter "R" if the listed program was substituted for programming that your system was required under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro s substituted for programming that your system was permitted to delete under FCC rules and regulations in October 19, 1976.								
2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION			
	TONS L  E: SPECIA  ify every noice counting period in the true  T CONCERTION, did you turn?  T', leave the experiod, did you turn?  E PROGRA  titute prograce, please of every not a distant state and the state of t	ify every nonnetwork televice counting period, under specing that must be included in the transfer of the part of the part of the program on a separate program on the station broadcast station's location (nation stations, if any, the onth and day when your synch the substitute program or program or program or program or program or programming that your systems.  UBSTITUTE PROGRAM  2. LIVE? 3. STATION'S	E: SPECIAL STATEMENT AND PROGRAM LO ify every nonnetwork television program broadcast by a coounting period, under specific present and former FC ing that must be included in this log, see page (v) of the T CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute ba tton??  T', leave the rest of this page blank. If your answer is E PROGRAMS titute program on a separate line. Use abbreviations ace, please attach additional pages. of every nonnetwork television program (substitute adistant station and that your cable system substitute gulations, or authorizations. See page (vi) of the ge atton. Do not use general categories like "movies", of Lucy" or "NBA Basketball: 76ers vs. Bulls." m was broadcast live, enter "Yes." Otherwise enter sign of the station broadcasting the substitute progradcast station's location (the community to which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any the community with which the hadian stations in effect during the accounting perior ter "R" if the listed program was substituted for program regulations in effect during the accounting perior gramming that your system was permitted to dele  UBSTITUTE PROGRAM  2. LIVE?  3. STATION'S	E: SPECIAL STATEMENT AND PROGRAM LOG  ify every nonnetwork television program broadcast by a distant static accounting period, under specific present and former FCC rules, reguling that must be included in this log, see page (v) of the general instance, and in the general instance, and in the general instance, and in the rest of this page blank. If your answer is "Yes," you refute the rest of this page blank. If your answer is "Yes," you refute program on a separate line. Use abbreviations wherever program on a separate line. Use abbreviations wherever program on a separate line. Use abbreviations wherever program on and that your cable system substitute program) the distant station and that your cable system substituted for the programinance of every nonnetwork television program (substitute program) the distant station and that your cable system substituted for the programinance of every nonnetwork television program (substitute program) that distant station and that your cable system substituted for the programinance of every nonnetwork television program (substitute program instruction). Do not use general categories like "movies", or "basketball Lucy" or "NBA Basketball: 76ers vs. Bulls."  m was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. addcast station's location (the community to which the station is in addian stations, if any, the community with which the station is in the and day when your system carried the substitute program. Uve "5/7."  we when the substitute program was carried by your cable system. Example: a program carried by a system from 6:01:15 p.m. to 6 ther "R" if the listed program was substituted for programming that and regulations in effect during the accounting period; enter the rogramming that your system was permitted to delete under FCC UBSTITUTE PROGRAM  2. LIVE? 3. STATION'S	E: SPECIAL STATEMENT AND PROGRAM LOG  ify every nonnetwork television program broadcast by a distant station that your cable system counting period, under specific present and former FCC rules, regulations, or authorizations, ing that must be included in this log, see page (v) of the general instructions located in the paction, did your cable system carry, on a substitute basis, any nonnetwork television progration?  IYes  T CONCERNING SUBSTITUTE CARRIAGE  riod, did your cable system carry, on a substitute basis, any nonnetwork television progration?  IYes  PROGRAMS  It we program on a separate line. Use abbreviations wherever possible, if their meaning ace, please attach additional pages.  of every nonnetwork television program (substitute program) that, during the accounting distant station and that your cable system substituted for the programming of another segulations, or authorizations. See page (vi) of the general instructions located in the pape attion. Do not use general categories like "movies", or "basketball". List specific program Lucy" or "NBA Basketball: 76ers vs. Bulls."  In was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program.  adcast station's location (the community to which the station is licensed by the FCC or, in adian stations, if any, the community with which the station is lidentified). In the and day when your system carried the substitute program. Use numerals, with the more "FC"."  we swhen the substitute program was carried by your cable system. List the times accurate. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be left "R" if the listed program was substituted for programming that your system was required and regulations in effect during the accounting period; enter the letter "P" if the listed programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed programming that your system was perm	E: SPECIAL STATEMENT AND PROGRAM LOG  Ify every nonnetwork television program broadcast by a distant station that your cable system carried on a coconting period, under specific present and former FCC rules, regulations, or authorizations. For a further ing that must be included in this log, see page (v) of the general instructions located in the paper SA3  T CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute basis, any nonnetwork television program tion?  Tyes No  ", leave the rest of this page blank. If your answer is "Yes," you must complete the program station and separate line. Use abbreviations wherever possible, if their meaning is ace, please attach additional pages.  To every nonnetwork television program (substitute program) that, during the accounting distant station and that your cable system substituted for the programming of another station equilations, or authorizations. See page (vi) of the general instructions located in the paper station. Do not use general categories like "movies", or "basketball". List specific program Lucy" or "NBA Basketball: 76ers vs. Bulls."  In was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program.  Backet station's location (the community to which the station is identified). In addian stations, if any, the community with which the station is identified). In the nonth we "517."  Beswhen the substitute program was carried by your cable system. List the times accurately and the substitute program in the substitute program was required the substitute programing that your system was required and regulations in effect during the accounting period; enter the letter "P" if the listed programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 006755 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 DATE FROM DATE **FROM** TO TO

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:  QUEL COMMUNICATIONS LLC	SYSTEM ID# 006755	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 secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	you pay. Enter the total of under transmission service	K Gross Receipts
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 3,957,580.47 (Amount of gross receipts)	
<ul><li>Con</li><li>Con</li><li>If yo</li><li>If yo</li><li>If yo</li></ul>	<b>(RIGHT ROYALTY FEE ctions:</b> 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. For sur system did not carry any distant television stations, leave block 3 blank. Enter the and from block 1 on line 1 of block 4, and calculate the total royalty fee. Four system did carry any distant television stations, you must complete the applicable paramanying this form and attach the schedule to your statement of account.		<b>L</b> Copyright Royalty Fee
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ slow.	entered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shot 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.	e is 1.064 percent of the	
	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.	\$ 3,957,580.47	
	This is your minimum fee.	\$ 42,108.66	
	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 colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.    No—Leave block 3 below blank and   X   No—Leave block 3 b	nn 4, you must check	
Block 3	Line 1. <b>BASE RATE FEE:</b> 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. <b>3.75 Fee:</b> 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. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	\$ 42,108.66	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. 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	\$ 42,833.66	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		

ACCOUNTING PERIOD: 2024/1 FORM SA3E, PAGE 8

Namo		TEM ID#
Name	CEQUEL COMMUNICATIONS LLC	006755
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.	]
	2. Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	<u> </u>
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone (903) 579-3152	m
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	m.
	TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	m
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	X /s/ Alan Dannenbaum	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING  (Title of official position held in corporation or partnership)	m.
	Date: August 29, 2024	

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 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 telephonumbers. 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 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	006755	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 the lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11.  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?  X NO	ic e sub- 9."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<b>-</b> 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	_	
(interest c	charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	lease	
** 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 ori filing.	iginal	
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	,	- OVOTEM			6/	STEM ID#
1	LEGAL NAME OF OWNER OF CABLE				31	
_	CEQUEL COMMUNICAT	IONS LLC				006755
	SUM OF DSEs OF CATEGOR	Y "O" STATIOI	NS:			
	<ul> <li>Add the DSEs of each station</li> </ul>					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00	
2	Instructions: In the column headed "Call S	Sian": list the co	Il ciane of all dictant ctations	identified by	he letter "Ω" in column 5	
	of space G (page 3).	igii . list tile ca	ii signis or all distant stations	s identified by i	The letter O in column 5	
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSI	≣ as "1.0"; for	each network or noncom-	
	mercial educational station, giv					
Category "O"			CATEGORY "O" STATION	IS: 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** 006755 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 SIGN OF OF DAYS OF DAYS 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# 006755	Name	
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 EVICION M	ADVETO				Computation of	
la tha aabla ayata	m located wholly o			ELEVISION M		action 76 F of	FCC rules and re-	aulationa in	3.75 Fee	
effect on June 24,	,		,				·	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 he 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 6.61(e)(1) stations in the			
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	SLOCK C: CC	MPUTATION O	F 3.75 FEE				_	
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			11-			
Line 2: Enter the	e sum of permitte	ım of permitted DSEs from block B above								
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.  (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)  0.00										
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represen	
Line 5: Multiply I	line 4 by 0.0375	and enter s	um here						partially 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	e and on line	2, block 3, spac	e L (page 7)	1		0.00		

Name	006755	SY					S LLC	MUNICATION	QUEL COM
			UED)	(CONTINI	ION MARKETS	A: TELEVIS	BLOCK		
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN
Computation									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 006755 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** Surcharge 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? 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# 006755	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,957,580.47	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the 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 DS 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 DS 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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	(	CEQUEL COMMUNICATIONS LLC	006755							
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 Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ <u>\$</u>								
Surcharge		C. Multiply line B by 3.000 and enter here								
		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								
		, , ,								
	Instru	ctions:								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of checked "Yes," use the total number of DSEs from part 5.	part							
		checked Tes, use the total number of DSEs from part 3.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation	_	rr answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	If you     blank	rr answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow							
Buse Rute I ee		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	i							
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "lo	cal							
	service	e area," see page (v) of the general instructions.								
	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) ▶ _\$ 3,957,580	).47_							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)▶	0.00							
		use the total number of DSEs from part 5.).	<u>0.00</u>							
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , 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)	<u>-</u>							
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1) ▶ _ \$ 27,742.64								
		<del></del>								
		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								
		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	<u></u> .							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/1

	AME OF OWNER OF CABLE SYSTEM:  SYSTEM I	Nama				
CEQU	EL COMMUNICATIONS LLC 0067	55				
	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 (the amount in section 1)	8				
	B. Enter 0.00701 of gross receipts (the amount in section 1)	Computation of				
	C. Multiply line B by 3.000 and enter here	Base Rate Fee				
	D. Enter 0.00330 of gross receipts (the amount in section 1)  * \$					
	(tile 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	$\neg$				
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$ 0.00					
shall ins	<b>TANT:</b> 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.					
In Gene	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclu	Computation				
•	from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage dusion, you must:	of of Base Rate Fee				
First: D	pivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sam	e and				
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the numb Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each gro	er of Syndicated				
	and the portion of your systems gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	Surcharge for				
must al	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 so 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.	Partially				
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted				
-	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations				
outside	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 the local service) is distant to that station (and the local service).	, 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					
subscril	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.					
-	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.					
	section:					
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give 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</li> </ul>						
	bers in the group.					
• lf:	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,	5,				
, , ,	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.					
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.					
in the	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction paper SA3 form.					
page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the t or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	otal				

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

your actual calculations on the form.

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 006755 **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 OV						S	O06755	Name
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Base Rate Fee Firs	st Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ ARE	:A		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		,						
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otal DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee Thi	rd Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				[]				
			scriber group	as shown in the boxe	s above.			
Enter here and in b	lock 3, line 1,	space L (page 7)				\$	0.00	

## Nonpermitted 3.75 Stations

CEQUEL COMMU	NICATIO	NS LLC					006755	Nam
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otal DSEs			0.00	Total DSEs			0.00	
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Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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otal DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee: Add t	he <b>base rat</b>	te fees for each subs	criber group	as shown in the boxe	s above.		<del></del>	
		space L (page 7)	- '			<b>(c</b>	0.00	

ACCOUNTING PERIOD: 2024/1

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 006755						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
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 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as define by section 76.5 of FCC rules in effect on June 24, 1981:								
Computation of		Second 50 major television market						
Base Rate Fee and	e INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of							
Syndicated Exclusivity Surcharge	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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.							
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>							
	FIRST SUBSCRIBER GROUP	SECOND 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page							