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	\$ 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 STATEME	NT:									
Accounting	2024/1										
Period											
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. OCT 22000										
		00733920241									
				007339 2024/	/1						
				2024	•						
	3027 S SE LOOP 323										
	TYLER, TX 75701										
	INSTRUCTIONS: In line 1, give any business or trade names us	ed to identify the busine	ess and operation of the sys	tem unless these							
С	names already appear in space B. In line 2, give the mailing add										
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	MUSKOGEE										
	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. In	dentify only the frst com	nmunity served below and re	elist on page 1b							
Area	with all communities.										
Served	CITY OR TOWN	STATE									
First	MUSKOGEE	OK									
Community	Below is a sample for reporting communities if you report multi	ple channel line-ups in	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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2024/1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CEQUEL COMMUNICATIONS LLC			007339						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses									
below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a									
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 be	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
MUSKOGEE	OK		1	First					
MUSKOGEE COUNTY WAGONER WAGONER COUNTY	OK OK OK		1 2 2	Community					
				See instructions for additional information					
				on alphabetization.					
				Add rows as necessary.					

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 007339

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			
CATEGORY OF SERVICE	NO. OF		RATE	CATEGORY OF SERVICE	NO. OF	RATE
	SUBSCRIBERS		RAIE	CATEGORY OF SERVICE	SUBSCRIBERS	RAIL
Residential:						
 Service to first set 	3,994	\$	50.00			
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	244	\$	45.95			
Converter						
Residential						
Non-residential		1				
		•				

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.

	BLOCK 2						
0.17500001050000105							
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	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),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
First set	\$	99.00	Burglar protection				
 Additional set(s) 	\$		Other services:),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• FM radio (if separate rate)			Reconnect	\$	40.00		
Converter			Disconnect				
			Outlet relocation	\$	25.00)
			 Move to new address 	\$	99.00)
							·····

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 007339

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 ε substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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

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 channe 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 designa tion "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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KDOR-1	17	ı	No		BARTLESVILLE, OK	
KGEB-1	53	I	No		TULSA, OK	
KGEB-HD1	53	I-M	No		TULSA, OK	
KJRH-1	2	N	No		TULSA, OK	
KJRH-HD1	2	N-M	No		TULSA, OK	
KMYT-1	41	I	No		TULSA, OK	
KMYT-2	41.2	I-M	No		TULSA, OK	
KMYT-3	41.3	I-M	No		TULSA, OK	
KMYT-HD1	41	I-M	No		TULSA, OK	See instructions for additional information
KOED-1	11	E	No		TULSA, OK	on alphabetization.
KOED-HD1	11	E-M	No		TULSA, OK	
KOKI-1	23	I	No		TULSA, OK	
KOKI-2	23.2	I-M	No		TULSA, OK	
KOKI-3	23.3	I-M	No		TULSA, OK	
KOKI-HD1	23	I-M	No		TULSA, OK	
KOTV-1	6	N	No		TULSA, OK	
KOTV-3	6.3	I-M	No		TULSA, OK	
KOTV-HD1	6	N-M	No		TULSA, OK	
KQCW-1	19	I	No		MUSKOGEE, OK	
KQCW-HD1	19	I-M	No		MUSKOGEE, OK	
KRSU-1	35	E	Yes	0	CLAREMORE, OK	
KRSU-HD1	35	E-M	Yes	E	CLAREMORE, OK	
KTPX-1	44	I	No		OKMULGEE, OK	
KTPX-HD1	44	I-M	No		OKMULGEE, OK	
KTUL-1	8	N	No		TULSA, OK	
KTUL-2	8.2	I-M	No		TULSA, OK	
KTUL-3	8.3	I-M	No		TULSA, OK	
KTUL-4	8.4	I-M	No		TULSA, OK	
KTUL-HD1	8	N-M	No		TULSA, OK	
KWHB-1	47	1	No		TULSA, OK	

G

Primary Transmitters: Television

U.S. Copyright Office

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007339 **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

LEGAL NAME OF OWNER OF O					S	O07339	Name
SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the action explanation of the programmi form.	fy every no	nnetwork televi	sion program broadcast by a	a distant statio	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT During the accounting per broadcast by a distant state Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Legar and the second sec	iod, did you non? ", leave the E PROGRA itute prograce, please of every no distant sta gulations, of tion. Do no noucy" or "N	e rest of this parameter attach addition on the total and that your authorization tuse general BA Basketball	m carry, on a substitute batter age blank. If your answer is trate line. Use abbreviations all pages. Evision program (substitute your cable system substitute ins. See page (vi) of the ge categories like "movies", vi. 76ers vs. Bulls."	s "Yes," you is wherever population program) that ted for the prepared instructor "basketball"	must complete the programming of another stitions located in the pap	X No ram I is g station er	Carriage: Special Statement and Program Log
Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted delete under FCC rules a gram was substituted for preffect on October 19, 1976.	sign of the adcast stati adian stati ath and day re "5/7." es when th Example: er "R" if the and regulat ogramming	station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed progrations in effect of	rogram was carried by you ried by a system from 6:0° m was substituted for programing the accounting periodem was permitted to dele	ram. e station is li e station is li e program. U r cable syste 1:15 p.m. to 6 ramming tha od; enter the te under FC0 WHE	lentified). se numerals, with the m m. List the times accura 5:28:30 p.m. should be t your system was requi letter "P" if the listed pro	nonth ately ired on 7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	1	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 007339 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

	L NAME OF OWNER OF CABLE SYSTEM: QUEL COMMUNICATIONS LLC	SYSTEM ID# 007339	Name
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,311,358.89 (Amount of gross receipts)	
Instru Con Con If you fee t	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: helete block 1, showing your minimum fee. helete block 2, showing whether your system carried any distant television stations. For use the system did not carry any distant television stations, leave block 3 blank. Enter the amortom block 1 on line 1 of block 4, and calculate the total royalty fee. For use the system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.	rts of the DSE Schedule	L Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.		
3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul		
2 in	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more		
1	least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	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.	\$ 1,311,358.89	
	This is your minimum fee.	\$ 13,952.86	
Block 2	pistant 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 column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion No—Leave block 3 below blank and on the system carry and the system carry any distant television stations during the accounting perion No—Leave block 3 below blank and on the system carry and	n 4, you must check d?	
Block	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	\$ 3,018.01	
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	\$ 3,018.01	
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	\$ 13,952.86	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	0.00	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	\$ 14,677.86	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. (S general instructions located in the paper SA3 form and the Excel instructions ta		

ACCOUNTING PERIOD: 2024/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC SYSTEM ID 00733									
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									
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name RODNEY HASKINS Telephone (903) 579-3152									
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)									
	TYLER, TX 75701 (City, town, state, zip)									
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
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 identifed 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)									
	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 law

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC 007339	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 following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO YES. Enter the total here and list the satellite carrier(s) below\$							
Name Mailing Address 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. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q						
Line 1 Enter the amount of late payment or underpayment	Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum herex days							
Line 3 Multiply line 2 by the number of days late and enter the sum here							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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 original 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.

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#					
ı	CEQUEL COMMUNICAT	TIONS LLC				007339					
	SUM OF DSEs OF CATEGORY "O" STATIONS:										
	Add the DSEs of each station		v o.								
	Enter the sum here and in line	0.25									
				i							
2	Instructions:										
	In the column headed "Call S	Sign": list the ca	Il signs of all distant stations	s identified by t	the letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE"	': for each inden	endent station, give the DSF	as "1 0"· for	each network or noncom-						
of DSEs for	mercial educational station, given			2 40 1.0 , 101							
Category "O"	7.5		CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KRSU-1	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
10W3.											
I		<u> </u>		L							

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 007339 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 SA3 form. 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. 0.25 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 ● 0.25 TOTAL NUMBER OF DSES

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

	OWNER OF CABLE						S	YSTEM ID# 007339	Nome
	ck A must be com	pleted.							
•	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if	"No," complete blo	ocks B and C	below.						
-				ELEVISION M	ARKETS				Computation of 3.75 Fee
s the cable syste effect on June 24,	m located wholly o , 1981?	utside of all	major and sma	ıller markets as de	fined under s	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
	plete part 8 of the		OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Com	plete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu 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 r. A Stations carrier 76.61(b)(c)] B Specialty static C Noncomeric D Grandfathered instructions for E Carried pursua *F A station pre	ules and regued pursuant on as defined al education of the station (76. or DSE schedant to individually carries).	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198), 76.61(b)(c), 1) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN KRSU-1	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		
							•		
									-
								0.25	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				_
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			n-		
ine 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove			11-		
	line 2 from line 1 leave lines 4–7 b			•		rate.	1-		
ine 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the
ine 5: Multiply l	line 4 by 0.0375 a	and enter s	um here						partially permited/ partially nonpermitted
₋ine 6: Enter tot	al number of DSI	Es from line	3				X		carriage? If yes, see part 9 instructions.
_ine 7: Multiplv l	line 6 by line 5 ar	nd enter her	e and on line	2. block 3. spac	e L (page 7)			0.00	

	OWNER OF CABLE							7STEM ID# 007339	Mana
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL	2. PERMITTED		1. CALL	2. PERMITTED		1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of
									3.75 Fee

						•			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 007339 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# 007339	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,311,358.89	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.		
	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		
Section 4a	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 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# 007339						
Name	(CEQUEL COMMUNICATIONS LLC							
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) ▶ \$							
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	tctions:							
8	You m	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	part						
		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.							
Computation		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of	-	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow						
Base Rate Fee	blank What i	i. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers							
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc							
	service	e area," see page (v) of the general instructions.							
		DLOCK ALCAPRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the following sections.							
	_								
	L								
	0 "	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$							
	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.)							
		use the total number of DSLS from part 3.).							
	Section 3	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)▶ \$							
		(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							
		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	0.00						
1	1		· · · · · · · · · · · · · · · · · · ·						

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

LEGAL NA	US OF OUNER OF OUR FOVOTEN	0/0751410					
	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 007339	Name				
CEQUE	EL COMMUNICATIONS LLC	007339					
Section If	the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.						
	A. Enter 0.01064 of gross receipts		8				
	(the amount in section 1) ►						
	B. Enter 0.00701 of gross receipts		Computation				
	(the amount in section 1) \$		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) \$						
	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)	0.00					
	Base Rate Fee	0.00					
IMPORT	ANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	adcast signals					
shall inst	ead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		9				
ups in Sp			9				
	r al: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation				
	usion, you must:	ke advantage of	of Base Rate Fee				
Firet Di			and				
	vide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist r the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr		Syndicated Exclusivity				
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group							
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.							
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 must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.							
However	; if your cable system is wholly located outside all major television markets, complete block A only.	A and b below.	Distant Stations, and				
How to I	dentify a Subscriber Group for Partially Distant Stations		for Partially				
	For each community served, determine the local service area of each wholly distant and each partially distan	t station you	Permitted Stations				
carried to	o that community.	-					
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)							
subscribe	Divide your subscribers into subscriber groups according to the complement of stations to which they are dis- er group must consist entirely of subscribers who are distant to exactly the same complement of stations. No vill have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable					
-							
-	ing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your er groups.	ayatem s					
In each s	ection:						
,	the communities/areas represented by each subscriber group.						
	e call sign for each of the stations in the subscriber group's complement—that is, each station that is distant ers in the group.	to all of the					
• If:	ers in the group.						
1) your s	ystem is located wholly outside all major and smaller television markets, give each station's DSE as you gav this schedule; or,	e it in parts 2, 3,					
2) any po	ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it of this schedule.	t in block B,					
•	DSEs for each station. This gives you the total DSEs for the particular subscriber group.						
	te gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene	eral instructions					
	paper SA3 form.	214. 11101140110113					
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.							

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007339 **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 C							S	007339	Name
	Bl		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		RIBER GROUP O SUBSCRIBER GRO	UP	
COMMUNITY/ AREA SUBSCRIBER GROUP 1			COMMUNITY/ AREA		CRIBER GROUP 2		9 Computation		
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KRSU-1	С	0.25							Base Rate F
									and Syndicate
									Exclusivity Surcharge
									for Partially
									Distant Stations
Total DSEs				0.25	Total DSEs			0.00	
Gross Receipts Fi	irst Gr	oup	\$ 1,134	,588.56	Gross Receipts Second Group \$ 176,770.33				
Base Rate Fee Fi	rst Gr	oup	\$ 3	3,018.01	Base Rate Fee Seco	ond Group	\$	0.00	
		THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AR	REA			0	COMMUNITY/ AREA 0				
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				.					
			0.00	Total DSEs			0.00		
Gross Receipts Th	nird G	roup	\$	0.00	Gross Receipts Four	τη Group	\$	0.00	
Base Rate Fee Th	hird G	roup	\$	0.00	Base Rate Fee Fourth Group \$ 0.00			0.00	
Page Bata Free A	العلمان	. he	a face for a self and	neib az ez	oo obour in the fire	ahay			
Base Rate Fee: A Enter here and in				mber group	as shown in the boxes	apove.	\$	3,018.01	

LEGAL NAME OF OWNE							907339	Nam
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
	FIRST	SUBSCRIBER GRO	JP		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA SUBSCRIBER GROUP 1			COMMUNITY/ AREA SUBSC		RIBER GROUP 2		9 Computati	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
						·	·····	Syndicat
								Exclusiv
								Surchar
								for
								Partiall
						n=0		Distan
							·····	Station
								Station
					<u></u>			
otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts First G	roup	\$ 1,134	,588.56	Gross Receipts Secon	d Group	\$ 1	76,770.33	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
					•			
			 					
					 	-		
			.			-		
			<u> </u>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Fourth	Group	\$	0.00		
Receipts Tillid C	z.oup	\$	3.00	Toos Receipts Fourth	Jioup	<u>*</u>	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourth Group \$ 0.00			0.00	
			criber group	as shown in the boxes a	bove.		0.00	
nter here and in block	3, line 1, s	space L (page 7)				\$	0.00	

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	007339							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY 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 commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.								
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 enter zero.								
for Partially Distant	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 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 								
Stations	your actual calculations on this form.								
	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	Line 3: Subtract line 2 from line 1							
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY							
	SURCHARGE First Group	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	Line 3: Subtract line 2 from line 1							
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY							
	SURCHARGE Third Group	SURCHARGE Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for o	each subscriber group as shown							
	in the boxes above. Enter here and in block 4, line 2 of space L (page	. 7)							