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 STATEMENT:											
Accounting	2024/1											
Period												
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 busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ess of the cable syste or on the last day of to counting period.	em. he accounting period should su		008045							
	CEQUEL COMMUNICATIONS LLC											
	00804520241											
				008045	2024/1							
	3027 S SE LOOP 323											
	TYLER, TX 75701											
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of											
System	. IDENTIFICATION OF CABLE SYSTEM:	or the system, if the	nerent nom the address giv		<u> </u>							
System	BIG SPRING											
	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. Identif	y only the frst com	munity served below and re	elist on page	e 1b							
Area	with all communities.											
Served	CITY OR TOWN	STATE										
First	BIG SPRING	TX										
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.									
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB C								
Sample	Alliance	MD MD	A B	1 2	-							
	Alliance Gering	MD	В	3								
				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			008045	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorpareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	orated communiti of community that of community on a	es within unincorp you list will serve all future filings.	orated as a form	D Area Served
If all communities receive the same complement of television broadcast stations (i.e., or 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. İ	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-commuchannel 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 I	l a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
BIG SPRING	TX			First
COAHOMA	TX			Community
HOWARD COUNTY	TX			
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 008045

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		BLOC	CK 2		
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	F	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
 Service to first set 	3,586	\$	50.00			
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	143	\$	45.95			
Converter						
 Residential 						
Non-residential		1				
	<u> </u>	•			·	†

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					
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	R/	TE	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) 	\$	25.00	Other services:				
• FM radio (if separate rate)			Reconnect	\$	40.00		
Converter			Disconnect				
			Outlet relocation	\$	25.00		
		Move to new address	\$	99.00			

ACCOUNTING PERIOD: 2024/1 FORM SA3E, PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name **CEQUEL COMMUNICATIONS LLC** 008045 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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 exolanation 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 identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3 TYPE 4. DISTANT? BASIS OF 6. LOCATION OF STATION 1. CALL SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER (If Distant) STATION KMDF-1 MIDLAND, TX 30 No KMDF-2 30.2 No MIDLAND, TX MIDLAND, TX KMID-1 2 N No KMID-2 2.2 MIDLAND, TX I-M No KMID-4 2.4 I-M MIDLAND, TX No KMID-HD1 2 N-M No MIDLAND, TX KMLM-1 42 No ODESSA, TX KOSA-1 7 N No ODESSA, TX ee instructions for KOSA-2 7.2 I-M No ODESSA, TX additional information KOSA-3 7.3 I-M ODESSA, TX No KOSA-HD1 7 N-M No ODESSA, TX KOSA-HD2 ODESSA, TX 7.2 I-M No KPBT-1 36 Ε Yes 0 ODESSA, TX KPBT-2 36.2 E-M Yes 0 ODESSA, TX **KPBT-HD1** Yes ODESSA, TX 36 E-M KPEJ-1 24 No ODESSA, TX KPEJ-2 No 24.2 I-M ODESSA, TX KPEJ-HD1 24 I-M No ODESSA, TX KTLE-5 7.5 No ODESSA, TX ODESSA, TX KTLE-HD5 7.5 I-M No KUPB-1 MIDLAND, TX 18 No KUPB-HD1 18 I-M MIDLAND, TX No KWES-1 9 N No ODESSA, TX KWES-HD1 9 N-M No ODESSA, TX ODESSA, TX KWWT-1 30 No KWWT-2 30.2 I-M ODESSA, TX No KWWT-3 ODESSA, TX 30.3 I-M No

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

ODESSA, TX

ODESSA, TX

KWWT-4

KWWT-HD4

30.4

30.3

I-M

I-M

No

No

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008045 **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

TORWOADE. FACE 5.						ACCOUNTING	1 LINIOD. 2024/1
LEGAL NAME OF OWNER OF CEQUEL COMMUNICA					S	YSTEM ID# 008045	Name
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting pe broadcast by a distant star	riod, did yo			sis, any noni	network television progr		Special Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	·•	·=	
2. LOG OF SUBSTITUT	E PROGRA	AMS					
In General: List each subs				s wherever p	ossible, if their meaning	is	
clear. If you need more spa			nai pages. vision program (substitute	program) the	at, during the accounting	a	
period, was broadcast by a	a distant sta	ition and that y	our cable system substitu	ed for the pr	ogramming of another s	tation	
under certain FCC rules, re SA3 form for futher information							
titles, for example, "I Love	Lucy" or "N	BA Basketball	: 76ers vs. Bulls."		1 1 3		
			er "Yes." Otherwise enter casting the substitute prog				
Column 4: Give the bro	adcast stat	ion's location (the community to which th	e station is li		n	
the case of Mexican or Cal			e community with which the rstem carried the substitute			onth	
first. Example: for May 7 gi		y Wileli your sy	stem camed the substitute	e program. O	se numerals, with the m	Ontri	
			ogram was carried by you			itely	
to the nearest five minutes stated as "6:00–6:30 p.m."	. Ехапіріе.	a program car	ned by a system nom 6.0	. 15 μ.π. ιο τ	5.26.30 p.m. snould be		
			n was substituted for prog				
to delete under FCC rules gram was substituted for p							
effect on October 19, 1976	i	, ,	·		· ·		
				WHE	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM	1		IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
					_		
					_		
							
	 						
	 						
	 						
					<u> </u>		
	 						
							
						·	
					_		
					_		
					_		
							

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 008045 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# 008045	Name
Inst all a (as	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 coe (vii) of the general instructions.	ndary transmission service	K Gross Receipts
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 930,864.44 (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: splete block 1, showing your minimum fee. splete block 2, showing whether your system carried any distant television stations. Use system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. Use system did carry any distant television stations, you must complete the applicable par sympanying 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 el low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou		
2 in	block 4 below.		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 930,864.44	
	Enter the result here. This is your minimum fee.	\$ 9,904.40	
Block 2	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 column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion yes—Complete the DSE schedule.	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	\$ 4,952.20	
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	\$ 4,952.20	
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	\$ 9,904.40	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	\$ 10,629.40	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.

Namo	LEGAL NAME OF OWNER C	F CABLE S	STEM:	SYSTEM ID#
Name	CEQUEL COMMU	NICATIO	NS LLC	008045
	CHANNELS			
M		-	1) the number of channels on which the cable system carried television broadcast st	ations
Channels	to its subscribers and	a (2) the (able system's total number of activated channels, during the accounting period.	
			annels on which the cable	29
	system carried tele	vision bro	adcast stations	
	2. Enter the total nur	mber of a	tivated channels	
			arried television broadcast stations	432
	and nonbroadcast	services .		
N	INDIVIDUAL TO BE	CONTAC	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact abou	it this stat	ement of account.)	
Be Contacted				
for Further	Name RODNE	Y HAS	KINS Telephone	903) 579-3152
Information				
	Address 3027 S (Number, st		OP 323 Dute, apartment, or suite number)	
	TYLER	, TX 75	701	
	(City, town,	state, zip)		
	Email	RODN	EY.HASKINS@ALTICEUSA.COM Fax (optional)	
	CERTIFICATION (Thi	s stateme	nt of account must be certifed and signed in accordance with Copyright Office regula	ations.)
O Certifcation	. I the undersigned b	oroby oor	if that (Charle and but only and of the bayes)	
Certification	• I, the undersigned, h	ereby cer	ify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than	n corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space B	; or
		4141		
			corporation or partnership) I am the duly authorized agent of the owner of the cable sithat the owner is not a corporation or partnership; or	ystem as identified
	X (Officer or partne	e r) I am ar	officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own	er of the cable system
	in line 1 of spa	ice B.		
			of account and hereby declare under penalty of law that all statements of fact contained to the best of my knowledge, information, and belief, and are made in good faith.	herein
	[18 U.S.C., Section 10			
		Χ	/s/ Alan Dannenbaum	
		F-4		
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa	
		Typed	or printed name: ALAN DANNENBAUM	
		Title:	SVP PPOGPAMMING	
		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

U.S. Copyright Office

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statilitie Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: I'll determining the total number of subsocibers 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 subsocibers 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 satellate carrier to satellitic dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. S INTEREST ASSESSMENTS You must complete this worksheet for those royally 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. Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 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/geopyright.gov. **This is the decimal equivalent of 1365, 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 Office, please list below the owner, address. first community served, accounting period. and ID number as given in the original lifting. Owner Accounting period Division of the cont	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 008045	Name
Name	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuants. For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions.	system for the basic m shall not include sub- uant to section 119."	Special Statement Concerning Gross Receipts
Mailing Address Mailing Address Mailing Address	X NO		
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. Line 1 Enter the amount of late payment or underpayment			
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. Line 1 Enter the amount of late payment or underpayment			
Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late pay	. ,	Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	x	
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	Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	
space L, (page 7)	Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
* 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			
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		rther assistance please	
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	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
Address First community served Accounting period	please list below the owner, address, first community served, accounting period, and ID number	., .	
Accounting period			

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.

DSL SCHEDULL. FAGI	i , , , , , , , , , , , , , , , , , , ,	E OVOTEM:			6/	STEM ID#							
1	LEGAL NAME OF OWNER OF CABL				31								
<u>-</u>	CEQUEL COMMUNICAT	IONS LLC				008045							
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:										
	 Add the DSEs of each station 												
	Enter the sum here and in line	0.50											
2	Instructions: In the column headed "Call S	Sian": list the ca	Il signs of all distant stations	identified by t	he letter "Ω" in column 5								
_	of space G (page 3).	Jigii . list tile ca	iii sigiis oi ali distarit stations	s identified by i	The letter O in column 5								
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
of DSEs for	mercial educational station, giv	e the DSE as "	25."										
Category "O"	CATEGORY "O" STATIONS: DSEs												
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	KPBT-1	0.250											
	KPBT-2	0.250											
Add rows as													
necessary.													
Remember to copy													
all formula into new													
rows.													
TOWS.													

Name		DMMUNICATIONS LL	С				;	008045
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give to correspond with the infor 3: For each station, give to 4: Divide the figure in colute at least to the third decir 5: For each independent so value as ".25." 6: Multiply the figure in copoint. This is the station's	he number of h mation given in he total number imn 2 by the fig mal point. This i station, give the lumn 4 by the fi	ours your cable syste space J. Calculate or of hours that the stature in column 3, and is the "basis of carriage "type-value" as "1.0."	m carried the sta nly one DSE for e tion broadcast ov give the result in ge value" for the s ' For each netwo	tion during the accounting the station. For the air during the accounting the ac	counting period. This figure must ucational station,	
Capacity		(CATEGORY	LAC STATIONS:	COMPUTATI	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE			SE
			÷		=	<u>x</u>	=	
						x x	=	
			÷		=	x	=	
			÷		=	<u>x</u>	=	
			÷ ÷		=	x	<u>=</u>	
			······································		=	x x	=	
	Add the DSEs	of CATEGORY LAC S of each station. um here and in line 2 of p		edule,		0.0	0	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to space I). Column 2: at your option. Column 3: Column 4:	the call sign of each state by your system in substact on October 19, 1976 (one or more live, nonnetwork). This figure should correst the number of days Divide the figure in colum This is the station's DSE	itution for a pro- as shown by th ork programs du number of live, spond with the i is in the calenda in 2 by the figur	gram that your system e letter "P" in column uring that optional carr nonnetwork program information in space I ir year: 365, except in re in column 3, and gi	n was permitted to 7 of space 1); and iage (as shown by as carried in substance). a leap year. we the result in co	to delete under FCC rule the word "Yes" in column titution for programs tha	n 2 of it were deleted ss than the third	orm).
		SU		BASIS STATION		ATION OF DSEs		1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY: IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
							<u>+</u>	
				=			÷	=
		+		=			÷	=
		-		<u>=</u>			÷	=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p	IS STATIONS:	edule,		0.0	0	
5 Total Number	number of DSE	ER OF DSEs: Give the ams applicable to your system of DSEs from part 2 ●		poxes in parts 2, 3, and	4 of this schedule	e and add them to provide	e the total	
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	f DSEs from part 4 ●				<u> </u>	0.00	
	TOTAL NUMBE	R OF DSEs					<u> </u>	0.50

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

	OWNER OF CABLE						S	YSTEM ID# 008045	Name
Instructions: Blo	ck A must be com	pleted.							
	"Yes," leave the re	emainder of p	art 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			FEL EVILCIONI M	ADVETO				Computation of
la tha aabla ayata	m lagated whally a			FELEVISION M.		action 76 F of	FCC rules and re-	aulationa in	3.75 Fee
effect on June 24,			·					guiations in	
	nplete part 8 of the		DO 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 regulations and regulations	ons prior to Ju dule. (Note: T	part 2, 3, and 4 or 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	ed pursuant on as defined al education of station (76. or DSE schedant to individually carried).	lations cited b to the FCC ma d in 76.5(kk) (7 all 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)(se in effect of (6.57, 76.59(b) e)(1), 76.63(a) 63(a) referring bstitution of g	n June 24, 198 c), 76.61(b)(c), a) referring to 7 g to 76.61(d)] grandfathered s	76.63(a) referring 6.61(e)(1) stations in the		
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 KPBT-1	BASIS	0.05	SIGN	BASIS		SIGN	BASIS		-
KPBT-2	C M	0.25 0.25							
KI DI-Z		0.23							
				•					
								0.50	
		В	LOCK C: CC	MPUTATION OI	F 3.75 FEE				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			11-	0.50	
ine 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove				0.50	
	line 2 from line 1 leave lines 4–7 b			•		irate.	11-	0.00	
Line 4: Enter gro	oss receipts from	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 sı	um here						partially permited/ partially
Line 6 [.] Enter tot	al number of DSI	Es from line	3				х	_	nonpermitted carriage? If yes, see part
o o. Enter tot	Harribor of Dol	_5	•						9 instructions.
Line 7: Multiply I	line 6 bv line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

	OWNER OF CABLE						O08045	Name
1. CALL	2. PERMITTED	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS	SIGN	BASIS		SIGN	BASIS		Computation o
		 						3.75 Fee
		 	·		· · · · · · · · · · · · · · · · · · ·			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 008045 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 Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Surcharge Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 008045	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	930,864.44	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	E	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	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)	E	
	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 0086								
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							
		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 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 Base Rate Fee	 If you blank 	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low						
base Nate Fee		 is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers							
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "located outside that area."	cal						
	service	e area," see page (v) of the general instructions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	Did your 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) ▶\$ 930,864	.44_						
	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,"	0.50						
	Section	use the total number of DSEs from part 5.)	0.50						
	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)	20						
									
		B. Enter 0.00701 of gross receipts (the amount in section 1)▶ \$ 6,525.36							
		(and amount in cooks.ii 1)							
		C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here ▶ \$	<u>-</u>						
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7)	4,952.20						
		Base Rate Fee	-+, <i>3</i> 32.20						

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

LEGAL NAME OF OWNER OF OARLE OVOTEN.	OVOTEM ID#					
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 008045 Name					
CEQUEL COMMUNICATIONS LLC	000045					
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 Base Rate Fee					
C. Multiply line B by 3.000 and enter here						
D. Enter 0.00330 of gross receipts						
(the amount in section 1) \$						
E. Subtract 4.000 from total DSEs						
(the figure in section 2) and enter here						
F. Multiply line D by line E and enter here ► \$						
G. Add lines A, C, and F. This is your base rate fee						
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00					
Dago rate rec						
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of tele	vision broadcast signals					
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system repoups in Space G.	rted multiple channel line-					
In General: If any of the stations you carried were partially distant, the statute allows you, in computing you receipts from subscribers located within the station's local service area, from your system's total gross rece						
this exclusion, you must:	of Base Rate Fee					
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers th	and					
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable syste	em. Determine the number of Syndicated					
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	TOT					
NOTE: If any portion of your cable system is located within the top 100 television market and the station is must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete be However, if your cable system is wholly located outside all major television markets, complete block A only	oth block A and B below. Distant					
How to Identify a Subscriber Group for Partially Distant Stations	for Partially					
Step 1: For each community served, determine the local service area of each wholly distant and each parti	Permitted ally distant station you Stations					
carried to that community.						
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subsoutside the station's local service area. A subscriber located outside the local service area of a station is distinct the same token, the station is distant to the subscriber.)						
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which th subscriber group must consist entirely of subscribers who are distant to exactly the same complement of st system will have only one subscriber group when the distant stations it carried have local service areas that	ations. Note that a cable					
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for ea subscriber groups.						
In each section:						
Identify the communities/areas represented by each subscriber group.						
 Give the call sign for each of the stations in the subscriber group's complement—that is, each station that subscribers in the group. 	is distant to all of the					
• If:						
1) your system is located wholly outside all major and smaller television markets, give each station's DSE a and 4 of this schedule; or,	s you gave it in parts 2, 3,					
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as part 6 of this schedule.	ou gave it in block B,					
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.						
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of in the paper SA3 form.	of the general instructions					
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this so page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscribes for that group's complement of stations and total gross receipts from the subscribers in that group). your actual calculations on the form. 	riber group (that is, the total					

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008045 **CEQUEL COMMUNICATIONS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						S	008045	Name
ВІ		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
			0.00				0.00	
Total DSEs Gross Receipts First G	roun	•	0.00	Total DSEs Gross Receipts Sec	and Group	\$	0.00	
Gloss Necelpts I list Gi	oup	Ψ	0.00	Gioss Neceipis Sec	ona Group	•	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROU	JP 0	FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs	<u>. </u>		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	s above.	\$	0.00	

Nonpermitted 3.75 Stations

CEQUEL COMMU	NICATIO	NS LLC					008045	Name
В				ATE FEES FOR EAC				
	FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO	_	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 07011	202	07.22 0.0.1	332	07.122 07011	202	0/122 0.0.1	332	Base Rate
		_						and
								Syndicat
								Exclusiv
								Surchar
		-						for
								Partially
								Distant
								Station
						-		
	-					-		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
otal DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Four	rth Group	\$	0.00		
					-			
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Four	rth Group	\$	0.00	
				II				
			criber group	as shown in the boxes	s above.			
nter here and in block	k 3, line 1, s	space L (page 7)				\$	0.00	

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 20.

Name	CEQUEL COMMUNICATIONS LLC 008045							
Name								
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	☐ First 50 major television market ☐ Second 50 major television market							
Base Rate Fee	INSTRUCTIONS:							
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of							
Syndicated	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							
Exclusivity Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter zero.							
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.							
Partially Distant	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							
Stations	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.							
	,							
	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	and enter here. This is the						
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group						
	subject to the surcharge	subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY						
	SURCHARGE	SURCHARGE						
	First Group	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 computation	subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE						
	Third Group \$	Fourth Group \$						
	<u> </u>	numunumunumunumunumunumunumunumunumunum						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown						