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							
AMOUNT							
\$ 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	AC	COUNTING 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 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.  008  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		CEQUEL COMMUNICATIONS LLC							
					00804	720241			
					008047	2024/1			
		3027 S SE LOOP 323							
		TYLER, TX 75701							
С		TRUCTIONS: In line 1, give any business or trade names used to i							
C	nam	nes already appear in space B. In line 2, give the mailing address o	of the system, if dif	fferent from the address giv	en in spac	е В.			
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		CONROE							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							
	+		1 0 6 1	20 11 1	I	41			
D		ructions: For complete space D instructions, see page 1b. Identify	only the first com	imunity served below and re	elist on pa	ge 1b			
Area Served		all communities.  CITY OR TOWN	STATE						
First	-	CONROE	TX						
Community		elow is a sample for reporting communities if you report multiple ch		Space G					
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	3 GRP#			
Sample	Alda		MD	A		1			
Sample	Allia	ince	MD	В		2			
	Geri	ng	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.

CODM CASE DAGE 41			ACCOUNT	ING PERIOD: 2024/1					
FORM SA3E. PAGE 1b.  LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CEQUEL COMMUNICATIONS LLC			008047						
OLGOLL COMMONICATIONS LLC									
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 filings.									
<b>Note:</b> 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., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. İl levant community	f you report any start with a subscriber	ations group,						
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 by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
CONROE	TX			First					
MONTGOMERY COUNTY	TX			Community					
PANORAMA VILLAGE	TX								
WILLIS	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#

008047

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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

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

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

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

BL	OCK 1			BLOCK 2				
	NO. OF				NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:								
<ul> <li>Service to first set</li> </ul>	7,441	\$ 50.00						
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial	251	\$ 45.95	"					
Converter			"					
Residential								
Non-residential								
		<b>†</b>				<b>¢</b>		

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

CEQUEL COI	VNER OF CABLE SY				SYSTEM ID#	Name
DD1114 D11 ==	MUNICATIO				008047	
PRIMARY TRANSMIT						
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b	e system during the ations in effect or 76.61(e)(2) and ( pasis, as explaine a Stations: With r	he accounting n June 24, 19 4), or 76.63 (i d in the next espect to any	periocexcept ( 81, permitting t referring to 76.6 paragrapl distant stations	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	is and low power television stations) d only on a part-time basis unde tain network programs [sectio and (2) certain stations carried on cable system on a substitute progra	G Primary Transmitters Television
station was carrie	d only on a subs	titute basis			nent and Program Log)—if tl titute basis and also on some otl	
basis. For further in the paper SA3	information cond form.	erning substit	ute basis statio	ons, see page (v)	of the general instructions local	
each multicast strea	m associated with	n a station ac	cording to its ov	ver-the-air design	es such as HBO, ESPN, etc. Ident ation. For example, report mu	
ast stream as "WE" VETA-simulcast).	ΓA-2". Simulcast	streams must	be reported in	column 1 (list ea	ch stream separately; for examp	
Column 2: Give					ation for broadcasting over-the-air	
on which your cable	system carried th	ne station		-	s may be different from the chanr	
					dependent station, or a noncommerc icast), "I" (for independent), "I-I	
	lticast), "E" (for n	oncommercia	l educational),	or "E-M" (for none	commercial educational multicas	
Column 4: If the	station is outside	the local serv	rice area, (i.e. "	distant"), enter "Y	'es". If not, enter "No". For an ∈	
planation of local se Column 5: If you					ne paper SA3 forr , stating the basis on which yc	
cable system carried	the distant station	on during the	accounting peri	iod. Indicate by e	ntering "LAC" if your cable syste	
carried the distant st For the retransmi					I capacit ty payment because it is the subje	
of a written agreeme	ent entered into o	n or before Ju	ne 30, 2009, b	etween a cable s	ystem or an association representil	
					ary transmitter, enter the desigr other basis, enter "O." For a furth	
explanation of these	three categories	, see page (v	of the general	instructions locat	ted in the paper SA3 for ty to which the station is licensed by t	
					ty to which the station is licensed by t th which the station is identife	
Note: If you are utili						
		CHANN	EL LINE-UP	AA		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
VETU 4	NUMBER	STATION	N-	(If Distant)	HOUSTON TV	
KETH-1	14	I	No		HOUSTON, TX	
KETH-HD1	14	I-M	No		HOUSTON, TX	
KFTH-1	67	I	No 		ALVIN, TX	
KFTH-HD1	67	I-M	No		ALVIN, TX	
KHOU-1	11	N	No		HOUSTON, TX	
KHOU-2	11.2	I-M	No		HOUSTON, TX	
KHOU-3	11.3	I-M	No		HOUSTON, TX	
KHOU-HD1	11	N-M	No		HOUSTON, TX	
KIAH-1 KIAH-2	39 39.2	I I-M	No No		HOUSTON, TX	
KIAH-3	39.3	I-M	No		HOUSTON, IX	
					HOUSTON TY	Ì
KIAH_HD1					HOUSTON, TX	
	39	I-M	No		HOUSTON, TX	See instructions for additional information
KLTJ-1	39 22	I-M E	No No		HOUSTON, TX GALVESTON, TX	
KLTJ-1 KPRC-1	39	I-M	No		HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2	39 22 2 2	I-M E N	No No No		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3	39 22 2 2.2 2.3	I-M E N I-M	No No No No		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-HD1	39 22 2 2	I-M E N I-M	No No No No		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-HD1 KPXB-1	39 22 2 2.2 2.3 2	I-M E N I-M I-M N-M	No No No No No		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-HD1 KPXB-1 KPXB-HD1	39 22 2 2.2 2.3 2 49	I-M E N I-M I-M N-M	No No No No No No		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-HD1 KPXB-1 KPXB-HD1 KRIV-1 KRIV-HD1	39 22 2 2.2 2.3 2 49	I-M E N I-M I-M N-M I	NO NO NO NO NO NO NO		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX	additional information
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KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-3 KPRC-HD1 KPXB-1 KRXB-HD1 KRIV-1 KRIV-HD1 KTBU-1 KTBU-1 KTMD-2 KTMD-2 KTMD-HD1 KTRK-1 KTRK-HD1 KTRK-HD1 KTRK-HD1 KTRK-HD2 KTXH-1 KTRK-HD4 KTXH-1 KTXH-2 KTXH-1 KTXH-2 KTXH-4 KTXH-4 KTXH-4 KTXH-1 KUBE-1	39 22 2 2 2 2 3 49 49 26 26 55 55 55 47 47.2 47 13 13.3 13.2 20 20.2 20.4 20 57	-M   E	NO N		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX CONROE, TX HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-1 KPRC-2 KPRC-3 KPRC-HD1 KPXB-1 KPXB-HD1 KRW-HD1 KTBU-HD1 KTBU-HD1 KTMD-1 KTMD-2 KTMD-2 KTMD-HD1 KTRK-HD1 KTRK-HD1 KTRK-HD1 KTRK-HD1 KTRK-HD2 KTXH-HD1 KTXH-L KUBE-1	39 22 2 2 2 2 3 49 49 26 26 55 55 47 47 13 13.3 13.2 20 20.2 20.4 20 57 8	-M   E	NO N		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX HOUSTON, TX HOUSTON, TX CONROE, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-3 KPRC-HD1 KPXB-1 KPXB-HD1 KRW-1 KRW-HD1 KTBU-1 KTBU-1 KTMD-2 KTMD-1 KTMD-2 KTMD-HD1 KTRK-HD1 KTRK-HD1 KTRK-HD2 KTXH-1 KTRK-HD2 KTXH-1 KTXH-2 KTXH-4 KTXH-2 KTXH-4 KTXH-1 KUHT-1 KUHT-1	39 22 2 2 2 2 3 49 49 26 26 55 55 47 47 13 13.3 13.2 20 20.2 20.4 20 57 8 8.2	-M   E   N   N   N   N   N   N   N   N   N	NO N		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX CONROE, TX GALVESTON, TX GALVESTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-3 KPRC-HD1 KPXB-1 KPXB-HD1 KRRV-1 KRRV-HD1 KTBU-1 KTBU-1 KTMD-1 KTMD-2 KTMD-HD1 KTMD-2 KTMD-HD1 KTRK-1 KTRK-HD2 KTXH-1 KTXH-2 KTXH-4 KTXH-4 KUH-1 KUH-1 KUH-1 KUH-1 KUH-1 KUH-1 KUH-2 KUH-1	39 22 2 2 2 2 2 3 49 49 26 55 55 47 13 13.3 13.2 20 20.2 20.4 20 57 8 8 82 8.3	-M   E	NO N		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX CONROE, TX GALVESTON, TX GALVESTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-3 KPRC-HD1 KPXB-1 KPXB-1 KFXB-HD1 KKRU-1 KKRU-HD1 KTMD-1 KTMD-2 KTMD-HD1 KTRK-1 KTK-1 K	39 22 2 2 2.3 2 49 49 49 49 26 55 55 47 47.2 47 13 13.3 13.2 20 20.2 20.4 20 57 8 8.2 8.3 8	I-M E N I-M	NO N		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX HOUSTON, TX CONROE, TX CONROE, TX CONROE, TX GALVESTON, TX GALVESTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-3 KPRC-HD1 KPXB-1 KPXB-1 KPXB-1 KFXB-HD1 KKRU-1 KKRU-HD1 KTMD-1 KTMD-2 KTMD-HD1 KTMD-2 KTMD-HD1 KTRK-1 KTK-HD1 KTK-1 KTK-HD1 KTK-HD1 KTK-HD1 KTK-HD1 KTK-HD1 KTK-HD1 KTK-HD1 KTX-HD1 KTX-HD1 KTX-HD1 KTX-HD1 KTX-HD1 KTX-HD1 KTX-HD1 KTX-HD1 KUHT-1 KUHT-1 KUHT-2 KUHT-1 KUHT-	39 22 2 2 2.3 2 49 49 49 49 26 55 55 47 47.2 47 13 13.3 13.2 20 20.2 20.4 20 57 8 8.2 8.3 8 45	-M   E   N	NO N		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX CONROE, TX CONROE, TX GALVESTON, TX GALVESTON, TX HOUSTON, TX	additional information
KLTJ-1 KPRC-1 KPRC-2 KPRC-3 KPRC-3 KPRC-HD1 KPXB-1 KPXB-1 KRV-1 KRIV-1 KRIV-1 KKIV-HD1 KTMD-2 KTMD-HD1 KTMD-2 KTMD-HD1 KTRK-1 KTRK-3 KTRK-HD1 KTK-1 KT	39 22 2 2 2.3 2 49 49 49 26 26 55 55 47 47.2 47 13 13.3 13.2 20 20.2 20.4 20 57 8 8.2 8.3 8 45 45	-M   E   N	No		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX GALVESTON, TX GALVESTON, TX HOUSTON, TX ROSENBERG, TX	additional information
KIAH-HD1 KLTJ-1 KLTJ-1 KKPRC-1 KKPRC-2 KKPRC-3 KKPRC-3 KKPRC-3 KKPRC-3 KKPRC-1 KKPSB-1 KKPSB-1 KKPSB-1 KKPSB-1 KKPSB-1 KKPW-1 KKRW-1 KKRW-1 KTBU-1 KTBU-1 KTMD-1 KTMD-1 KTMD-1 KTMD-1 KTMD-1 KTMD-2 KTMD-1 KT	39 22 2 2 2.3 2 49 49 49 49 26 55 55 47 47.2 47 13 13.3 13.2 20 20.2 20.4 20 57 8 8.2 8.3 8 45	-M   E   N	NO N		HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX CONROE, TX CONROE, TX GALVESTON, TX GALVESTON, TX HOUSTON, TX	additional information

U.S. Copyright Office

**ACCOUNTING PERIOD: 2024/1** FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008047 **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 CEQUEL COMMUNICA					S	008047	Name			
SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the action of the programm form.	ify every no	nnetwork televi	sion program broadcast by ecific present and former FC	a distant statio	lations, or authorizations.	For a further	Substitute			
SPECIAL STATEMEN     During the accounting per broadcast by a distant state.	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  ———————————————————————————————————									
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 1										
S	UBSTITUT	E PROGRAM	1		N SUBSTITUTE IAGE OCCURRED	7. REASON FOR				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 008047 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# 008047	Name
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions.	dary 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.	\$ 2,098,615.21 (Amount of gross receipts)	
<ul><li>Instru</li><li>Com</li><li>Com</li><li>If you fee to</li><li>If you</li></ul>	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. For sur system did not carry any distant television stations, leave block 3 blank. Enter the amount of the system of		<b>L</b> Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	ntered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line	
	<b>MINIMUM FEE:</b> 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.	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.	\$ 2,098,615.21	
	This is your minimum fee.	\$ 22,329.27	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i 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 period Yes—Complete the DSE schedule.	n 4, you must check	
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_\$ -	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. 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	\$ 22,329.27	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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	\$ 23,054.27	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	CEQUEL COMMU				SYSTEM ID# 008047
M		-	the number of channels on which the cable syst le system's total number of activated channels,		t stations
Channels			nnels on which the cable		. 44
		system c	rated channels ied television broadcast stations		440
N Individual to	INDIVIDUAL TO BE we can contact abou		ED IF FURTHER INFORMATION IS NEEDED: (nent of account.)	(Identify an individual	
Be Contacted for Further Information	Name <b>RODNE</b>	EY HAS	INS .	Telephone	∍ <u>(903) 579-3152</u>
	Address 3027 S	SE LO	e, apartment, or suite number)		
	TYLER (City, town,	state, zip)			
	Email	RODN	Y.HASKINS@ALTICEUSA.COM	Fax (optional)	
0	CERTIFICATION (Thi	s stateme	of account must be certifed and signed in accord	rdance with Copyright Office reg	ulations.)
Certifcation		-	that (Check one, but only one, of the boxes.)		
	(Owner other that	n corpora	n or partnership) I am the owner of the cable syst	tem as identifed in line 1 of space	∍B; or
	in line 1 of spa	ice B and	orporation or partnership) I am the duly authorize It the owner is not a corporation or partnership; or	•	
	(Officer or partner in line 1 of spa	•	fficer (if a corporation) or a partner (if a partnership	o) of the legal entity identifed as ov	wner of the cable system
		nd correct	account and hereby declare under penalty of law the best of my knowledge, information, and belief, the best of my knowledge, information, and the b		ed herein
		X	/s/ Alan Dannenbaum		
		(e.g., /s/	ectronic signature on the line above using an "/s/" sig hn Smith). Before entering the first forward slash of t type /s/ and your name. Pressing the "F" button wi	the /s/ signature, place your cursor	
		Typed o	printed name: ALAN DANNENBAUM		
		Title:	VP, PROGRAMMING Title of official position held in corporation or partnership)		
		Date:	ugust 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: SYSTE		Name
CEQUEL COMMUNICATIONS LLC 00	8047	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		P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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 here	- ays	
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)	_	
(interest charge)		
* 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 Accounting period		
ID number		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

DOL CONEDCE. 1 70	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID:										
1											
_	CEQUEL COMMUNICAT	IONS LLC				008047					
	SUM OF DSEs OF CATEGOR	RY "O" STATIOI	NS:								
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00						
	Instructions										
2	Instructions:										
_	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).										
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, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary. Remember to copy											
all formula into new											
rows.											
I	L	L		L	ul	l					

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 008047 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 3 Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1. CALL SIGN OF HOURS OF HOURS **CARRIAGE VALUE CARRIED BY VALUE** STATION SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE SIGN OF OF DAYS OF DAYS SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, ...... TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 ● **Total Number** 0.00 of DSFs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 0.00 TOTAL NUMBER OF DSEs

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

CEQUEL COM							S	YSTEM ID# 008047	Name		
Instructions: Block A must be completed. In block A:  • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  • If your answer if "No," complete blocks B and C below.											
	BLOCK A: TELEVISION MARKETS  Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in										
effect on June 24, Yes—Com No—Comp	1981? aplete part 8 of the olete blocks B and	schedule—I C below.	OO NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7					
Column 1: CALL SIGN Column 2:	under FCC rules instructions for th Satellite Television	and regulation ne DSE Sche on Extension	ons prior to Ju dule. (Note: Tl and Localism	part 2, 3, and 4 or ne 25, 1981. For fi he letter M below r Act of 2010.)	urther explana refers to an ex	ation of permitt cempt multicas	ed stations, see t	he			
BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fc E Carried pursu: *F A station pre	ules and regued pursuant on as define all education (76. or DSE schedant to individually inviously carried the station of the	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	elow pertain to the ricket quota rules [76.59(d)(1), 76.61(g), 76.61(d), 76.graph regarding suffice (76.7) are or substitute be contour, [76.59(d)(	ose in effect or 76.57, 76.59(b de)(1), 76.63(a 63(a) referring abstitution 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 6.61(e)(1) stations in the	,			
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE			
		,						0.00			
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE						
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			11-				
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove							
Line 3: Subtract (If zero, I	line 2 from line 1 leave lines 4–7 b			-		rate.	11-	0.00			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially		
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here				X		permited/ partially nonpermitted		
Line 6: Enter tota	al number of DS	Es from line	3				^		carriage? If yes, see part 9 instructions.		
Line 7: Multiply I	ine 6 bv line 5 ar	nd enter hei	e and on line	2. block 3. spac	e L (page 7)			0.00			

	OWNER OF CABLE						S	7STEM ID# 008047	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
					•				
	<mark></mark>					<u> </u>			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 008047 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# 008047	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,098,615.21	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 008047				
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)					
Gurcharge		D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.					
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be  s 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 "local service area," see page (v) of the general instructions.	low				
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  id your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.					
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE					
	Section 1	Enter the amount of gross receipts from space K (page 7)	.21_				
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	0.00				
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).	<u>.                                    </u>				

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

LEGAL NAME OF CAMPIE OF CARLE OVE	OTENA.			OVOTEMID#		
LEGAL NAME OF OWNER OF CABLE SYS				008047	Name	
CEQUEL COMMUNICATIONS				008047		
Section 4 If the figure in section 2 is <b>more th</b>	nan 4.000, compute your base	rate fee here and leave section	3 blank.		•	
A. Enter 0.01064 of gross re					8	
(the amount in section 1)		<u> </u>		_		
B. Enter 0.00701 of gross re	ceipts				Computation	
(the amount in section 1)		<b>▶</b> <u>\$</u>			of	
C. Multiply line B by 3.000 ar	nd enter here	<b>&gt;</b> \$			Base Rate Fee	
D. Enter 0.00330 of gross re	ceipts					
(the amount in section 1)		<b>▶</b> <u>\$</u>				
E. Subtract 4.000 from total	DSEs					
(the figure in section 2) ar	nd enter here	<b></b>				
F. Multiply line D by line E a	nd enter here		<b>&gt;</b> <u>\$</u>			
G. Add lines A, C, and F. Thi	is is your base rate fee					
Enter here and in block 3,				0.00		
Base Rate Fee			<b>&gt; \$</b>	0.00		
IMPORTANT: It is no longer necessar	ry to report television signals	on a system-wide hasis. Car	rriage of television broa	dcast signals		
shall instead be reported on a communups in Space G.					9	
In General: If any of the stations you o					Computation	
receipts from subscribers located withithis exclusion, you must:	in the station's local service	area, from your system's tota	al gross receipts. To tak	e advantage of	of	
					Base Rate Fee and	
<b>First:</b> Divide all of your subscribers int					Syndicated	
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number 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 wholl	ly located outside all major to	elevision markets, complete t	complete both block A block A only.	and B below.	Distant Stations, and	
How to Identify a Subscriber Group	for Partially Distant Static	ons			for Partially	
Step 1: For each community served, d	•		d each partially distant	station you	Permitted Stations	
carried to that community.						
Step 2: For each wholly distant and each outside the station's local service area the same token, the station is distant to	a. A subscriber located outsid		•			
Step 3: Divide your subscribers into su subscriber group must consist entirely	of subscribers who are dista	ant to exactly the same comp	lement of stations. Not			
system will have only one subscriber g	•					
Computing the base rate fee for each subscriber groups.	in subscriber group: BIOCK	A contains separate sections	s, one for each of your s	system s		
In each section:						
Identify the communities/areas repre-	,	•				
<ul> <li>Give the call sign for each of the stati subscribers in the group.</li> </ul>	ions in the subscriber group	's complement—that is, each	station that is distant to	o all of the		
• If:						
your system is located wholly outsice and 4 of this schedule; or,	de all major and smaller telev	vision markets, give each sta	tion's DSE as you gave	it in parts 2, 3,		
any portion of your system is locate part 6 of this schedule.	d in a major or smaller televi	ison market, give each statio	n's DSE as you gave it	in block B,		
Add the DSEs for each station. This quantity	gives you the total DSEs for	the particular subscriber gro	up.			
Calculate gross receipts for the substin the paper SA3 form.	criber group. For further exp	olanation of gross receipts see	e page (vii) of the gene	ral instructions		
Compute a base rate fee for each su page. In making this computation, use DSEs for that group's complement of s your actual calculations on the form.	e the DSE and gross receipt	s figure applicable to the part	icular subscriber group	(that is, the total		

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008047 **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.

CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Sale Rate F and and a service of the	LEGAL NAME OF OWI						S	008047	Name
CALL SIGN   DSE   CALL SIGN					TE FEES FOR EACI	H SUBSCR	IBER GROUP		
CALL SIGN DSE CA		FIRST	SUBSCRIBER GROU				SUBSCRIBER GRO		۵
CALL SIGN   DSE   CALL SIGN	COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	_
Base Rate Fee Second Group \$ 0.00  THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP  DAMININTY/ AREA 0 COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIG			CALLSIGN	DSE	CALL SIGN	DSE	I CALL SIGN	DSF	
Syndicated Secretary Surcharge Surch	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DSL	Base Rate Fe
Exclusions    Community area   Community									and
Surcharge for Partially Distant Stations									Syndicated
Otal DSEs									Exclusivity
Data DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group \$ 0.00 Gross Receipts Group Second Group \$ 0.00 Gross Receipts Group Group Second Group \$ 0.00 Gross Receipts Group Second Group \$ 0.00 Gross Receipts Group Second Group \$ 0.00 Gross Receipts Fourth Group \$ 0.0									Surcharge
Distant Stations  Joint DSEs									
Stations  Statio									
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ase Rate Fee First Group  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  D									Otations
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ase Rate Fee First Group  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  D									
Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL	Total DSEs		_	0.00	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CALL S	Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE	Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE		THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
otal DSEs	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00							H		
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00							n =		
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00									
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Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00									
sase Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  sase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	
lase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
.normore and in proof o, line 1, space ⊑ (page / ) 13 <b>u.u</b> ú l l				riber group	as shown in the boxes	above.	\$	0.00	

JEQUEE COMMO	VICATIO	NS LLC					008047	Name
BL				TE FEES FOR EAC				
	FIRST	SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 0.0.1	302	07.122 01011	202	07.22 0.0.1	202	07.122.01.01.1	302	Base Rate
								and
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oun.	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
	- up	<u>*</u>						
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•							
		-				  -		
	•							
	•	-						
	•	-				-		
	•							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
,	•				1-			
			0.00	Base Rate Fee Four	th Group	¢	0.00	
Base Rate Fee Third G	roup	\$	0.00	Dase Nate i ee i oui	ш Огоир	\$	0.00	
ase Rate Fee Third G	roup	[\$	0.00	Base Nate Fee Four	ит Огоир	φ	0.00	

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 008047
	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 syndicated Exclusivity Surcharge. Indicate which major television market system of the system of th	
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for	INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.	tormula outlined in block D, section 3 or 4 or part 7 or this ures applicable to the particular group. You do not need to show
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	