| This form is effective beginning with the January 1 to June 30, 2017, accounting period (20           | 17/1) |
|---|-------|
| If you are filing for a prior accounting period, contact the Licensing Division for the correct form. |       |

## SA1-2E Short Form

| STATEME  | NT OF ACCOUNT               | FOR COPYRIGH            | Return completed workbook by email to |   |
|--|-----------------------------|-------------------------|---------------------------------------|---|
| for Secondary Transmissions by<br>Cable Systems (Short Form)<br>General instructions are located<br>in the first tab of this workbook. |                             | DATE RECEIVED           | AMOUNT                                | <u>coplicsoa@copyright.gov</u><br>For additional information, |
|  |                             | 2-28-25                 | ALLOCATION NUMBER                     | Office Licensing Division at<br>(202) 707-8150.               |
| Α  | ACCOUNTING PERIOD COVERED E | 3Y THIS STATEMENT: (YYY | <br>Y/(Period))                       |   |

| Α                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))  |
|----------------------|---|
|                      | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  |
|                      | 20242 Barcode Data Filing Period (optional - see instructions)  |
| Accounting<br>Period |   |
| В                    | Instructions:<br>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<br>subsidiary, not that of the parent corporation.  |
| Owner                | 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.   |
|                      |   |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |
|                      | CEQUEL COMMUNICATIONS LLC   |
|                      | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |
|                      | SUDDENLINK COMMUNICATIONS   |
|                      | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |
|                      | 3027 S SE LOOP 323<br>(Number, street, rural route, apartment, or suite number)   |
|                      | TYLER, TX 75701<br>(City, town, state, zip)   |
| С                    | <b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:   |
|                      | MOUNT IDA, AR   |
|                      | MAILING ADDRESS OF CABLE SYSTEM:  |
|                      | 2 (Number, street, rural route, apartment, or suite number)   |
|                      | (City, town, state, zip code)   |
|                      |   |

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 filing, a determination that would be made by a court of law.

| Accounting Period:    | 2024/2   |                                     |  |  |  |  |  |  |
|-----------------------|--|-------------------------------------|--|--|--|--|--|--|
| Name                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA1-2E. PAGE 1b.<br>SYSTEM ID# |  |  |  |  |  |  |
| Name                  | CEQUEL COMMUNICATIONS LLC  | 000139                              |  |  |  |  |  |  |
| D<br>Area<br>Served   | 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 first 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.<br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. |                                     |  |  |  |  |  |  |
|                       | CITY OR TOWN   | STATE                               |  |  |  |  |  |  |
| First                 | MOUNT IDA  | AR                                  |  |  |  |  |  |  |
| Community             | MOUNTAIN HARBOR  | AR                                  |  |  |  |  |  |  |
|                       |  |                                     |  |  |  |  |  |  |
| Add Rows as Necessary |  |                                     |  |  |  |  |  |  |
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|                           | FO LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                     |           |                     |            |                  |              |                       | STEM ID |  |  |
|---------------------------|--|---------------------|-----------|---------------------|------------|------------------|--------------|-----------------------|---------|--|--|
| Name                      | CEQUEL COMMUNICATIONS LLC  |                     |           |                     |            |                  |              |                       | 00013   |  |  |
| _                         | SECONDARY TRANSMISSION   | SERVICE: SU         | BSCRIE    | BERS AND RAT        | ES         |                  |              |                       |         |  |  |
| E                         | In General: The information in s   | pace E should       | cover al  | I categories of s   | secondary  |                  |              |                       |         |  |  |
| <u> </u>                  | 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  |                     |           |                     |            |                  |              |                       |         |  |  |
| Secondary<br>Transmission | last day of the accounting period  | • • •               |           |                     |            |                  | iose existii | ng on the             |         |  |  |
| Service: Sub-             | Number of Subscribers: Both  |                     |           |                     |            |                  | e system,    | broken                |         |  |  |
| scribers and              | down by categories of secondary  |                     |           |                     |            |                  |              |                       |         |  |  |
| Rates                     | each category by counting the nu   |                     |           |                     |            |                  |              | charged               |         |  |  |
|                           | separately for the particular serve<br>Rate: Give the standard rate c  |                     |           |                     |            |                  |              | e and the             |         |  |  |
|                           | unit in which it is generally billed.  | -                   | -         | •                   |            |                  | -            |                       |         |  |  |
|                           | category, but do not include disc  | ounts allowed f     | or adva   | nce payment.        | •          |                  | •            |                       |         |  |  |
|                           | Block 1: In the left-hand block  | •                   |           | U U                 |            | •                |              |                       |         |  |  |
|                           | systems most commonly provide that applies to your system. Note  |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | categories, that person or entity  |                     |           | -                   |            | -                |              |                       |         |  |  |
|                           | subscriber who pays extra for ca   |                     |           |                     |            |                  | •            |                       |         |  |  |
|                           | first set" and would be counted o  |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | <b>Block 2:</b> If your cable system the printed in block 1 (for example, till block 1) and the printed in block 1.  |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | with the number of subscribers a   |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | sufficient.  |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | BLO  | DCK 1               |           |                     |            |                  | BLOCK        |                       |         |  |  |
|                           | CATEGORY OF SERVICE  | NO. OF<br>SUBSCRIBE |           | RATE                | CAT        | EGORY OF SEF     | RVICE        | NO. OF<br>SUBSCRIBERS | RAT     |  |  |
|                           | Residential:   |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | <ul> <li>Service to first set</li> </ul>   |                     | 163       | 50.00               |            |                  |              |                       |         |  |  |
|                           | <ul> <li>Service to additional set(s)</li> </ul>   |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | • FM radio (if separate rate)  |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | Motel, hotel   |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | Commercial   |                     | 6         | 45.95               |            |                  |              |                       |         |  |  |
|                           | Converter  |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | Residential  |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | Non-residential  |                     |           |                     |            |                  |              |                       |         |  |  |
|                           | SERVICES OTHER THAN SEC  | ONDARY TRAI         | NSMISS    | IONS: RATES         |            |                  |              |                       |         |  |  |
| F                         | In General: Space F calls for rat  |                     |           |                     |            |                  |              |                       |         |  |  |
| •                         | not covered in space E, that is, the service for a single fee. There are   |                     |           |                     |            |                  |              |                       |         |  |  |
| Services                  | furnished at cost or (2) services  | •                   | ,         |                     | ,          |                  | 0()          |                       |         |  |  |
| Other Than                | amount of the charge and the un  |                     | usually l | billed. If any rate | es are cha | arged on a varia | ble per-pro  | ogram basis,          |         |  |  |
| Secondary                 | enter only the letters "PP" in the rate column.  |                     |           |                     |            |                  |              |                       |         |  |  |
| ransmissions:<br>Rates    | <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not     |                     |           |                     |            |                  |              |                       |         |  |  |
| nutoo                     | <b>Block 2:</b> 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) descrip   |                     |           |                     |            |                  |              |                       |         |  |  |
|                           |  | BLO                 | CK 1      |                     |            |                  |              | BLOCK 2               |         |  |  |
|                           | CATEGORY OF SERVICE  | RATE                |           | ORY OF SERV         |            | RATE             | CATEG        | ORY OF SERVICE        | RATE    |  |  |
|                           | Continuing Services:   |                     |           | ation: Non-resi     | dential    |                  |              |                       |         |  |  |
|                           | • Pay cable  | 17.00               |           | tel, hotel          |            |                  |              |                       |         |  |  |
|                           | Pay cable—add'l channel      Fina masteration  | 19.00               |           | nmercial            |            |                  |              |                       |         |  |  |
|                           | Fire protection  |                     | 5         | cable               |            |                  |              |                       |         |  |  |
|                           | •Burglar protection  |                     | -         | cable-add'l cha     | annei      |                  |              |                       |         |  |  |
|                           | Installation: Residential <ul> <li>First set</li> </ul>  | 00.00               |           | e protection        |            |                  |              |                       |         |  |  |
|                           |  | 99.00<br>25.00      |           | glar protection     |            |                  |              |                       |         |  |  |
|                           | <ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>   | 25.00               |           | connect             |            | 40.00            |              |                       |         |  |  |
|                           | • Converter  |                     |           | connect             |            | 40.00            |              |                       |         |  |  |
|                           |  |                     |           | let relocation      |            | 25.00            |              |                       |         |  |  |
|                           |  |                     |           | ist islocation      |            | 23.00            |              |                       |         |  |  |
|                           |  |                     | • Mov     | ve to new addre     | ss         | 99.00            |              |                       |         |  |  |

|   |   |   |                    | FORM SA1-2E. PAGE   |  |  |  |  |  |
|---|---|---|--------------------|---|--|--|--|--|--|
| Name  | LEGAL NAME OF OWNER C   |   |                    | SYSTEM II<br>00013  |  |  |  |  |  |
|   | CEQUEL COMMUNICATIONS LLC   |   |                    |   |  |  |  |  |  |
|   | PRIMARY TRANSMITTERS: TELEVISION  |   |                    |   |  |  |  |  |  |
| G<br>Primary<br>Transmitters:<br>Television | FCC rules and regulations<br>76.59(d)(2) and (4), 76.61(<br>substitute program basis, a<br><b>Substitute Basis Stations</b><br>basis under specific FCC r<br>• Do <i>not</i> list the station here<br>station was carried <i>only</i> or<br>• List the station here, and<br>basis. For further informati<br><b>Column 1:</b> List each statio<br>multicast stream associate<br>"WETA-2" as the same on<br><b>Column 2:</b> Give the chann<br>of license. For example, W<br><b>Column 3:</b> Indicate in eacl<br>educational station, by entu<br>(for independent multicast)<br>For the meaning of these t<br><b>Column 4:</b> Give the location | carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under<br>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections<br>76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a<br>substitute program basis, as explained in the next paragraph.<br><b>Substitute Basis Stations</b> : With respect to any distant stations carried by your cable system on a substitute program<br>basis under specific FCC rules, regulations, or authorizations:<br>• Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the<br>station was carried <i>only</i> on a substitute basis.<br>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other<br>basis. For further information concerning substitute basis stations, see page (v) of the general instructions.<br><b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each<br>multicast stream associated with a station according to its over-the-air designation. For example, report multistream<br>"WETA-2" as the same on the form.<br><b>Column 2:</b> Give the channel number the FCC assigned to the television station for broadcasting over the air in its community<br>of license. For example, WRC is channel 4 in Washington, D.C.<br><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial<br>educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"<br>(for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).<br>For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2 form.<br><b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is lice |                    |   |  |  |  |  |  |
|   | 1. CALL SIGN  | dian stations, if any, give the name of th  | 3. TYPE OF STATION | 4. LOCATION OF STATION  |  |  |  |  |  |
|   | KARK-1  | 4   | N                  | LITTLE ROCK, AR   |  |  |  |  |  |
|   | KARZ-1  | 42  | 1                  | LITTLE ROCK, AR   |  |  |  |  |  |
| as Necessary                                | KASN-1  | 38  | · · · ·            | PINE BLUFF, AR  |  |  |  |  |  |
| Rows as Necessary                           |   | 7   | N                  | LITTLE ROCK, AR   |  |  |  |  |  |
|   | RAIV-I  |   |                    |   |  |  |  |  |  |
|   | KATV-1  |   | I                  | ·····   |  |  |  |  |  |
|   | KATV-2  | 7.2   | l<br>F             | LITTLE ROCK, AR   |  |  |  |  |  |
|   | KATV-2<br>KETS-1  | 7.2<br>2  | I<br>E<br>F        | LITTLE ROCK, AR<br>LITTLE ROCK, AR  |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1  | 7.2<br>2<br>36  | I<br>E<br>E        | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR                                       |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1  | 7.2<br>2  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR                    |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1  | 7.2<br>2<br>36  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR                    |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |
|   | KATV-2<br>KETS-1<br>KKAP-1<br>KLRT-1<br>KTHV-1  | 7.2<br>2<br>36<br>16<br>11  |                    | LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR<br>LITTLE ROCK, AR |  |  |  |  |  |

| EGAL NAME OF   |  |   |  |  |   |  |   | SYSTEM I<br>0001                 |
|--|--|---|--|--|---|--|---|----------------------------------|
|  | every radio s  | tation ca   | rried on a separate and discre<br>nerally receivable by your cable   |  |   |  | ied on an   | н                                |
| eceivable if (1)<br>on the basis of r<br>For detailed info<br>paper SA1-2 for<br>Column 1: Id<br>Column 2: S<br>Column 3: If<br>ignal, indicate t<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation about<br>m.<br>lentify the call<br>tate whether t<br>the radio stati<br>this by placing<br>sive the statior | the sys<br>be recein<br>the Cop<br>sign of e<br>he static<br>ion's sign<br>a check<br>n's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received at<br>ved at the headend, with the sy<br>pyright Office regulations on thi<br>each station carried.<br>In is AM or FM.<br>hal was electronically processes<br>a mark in the "S/D" column.<br>on (the community to which the<br>the community with which the s | the system's hea<br>ystem's FM ante<br>is point, see page<br>ed by the cable se<br>e station is licens | adend, and (2)<br>nna, during ce<br>e (v) of the ge<br>ystem as a se<br>ed by the FCC | ) it can b<br>rtain sta<br>neral ins<br>parate a | e expected,<br>ted intervals.<br>tructions in the.<br>nd discrete | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM   | S/D   | LOCATION OF STATION  | CALL SIGN  | AM or FM  | S/D  | LOCATION OF STATION   |                                  |
| UNEL OIGH  |  | 5,0   |  | UNLE OIGH  |   | 5,0  | LOOMING OF STATION  |                                  |
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| Accounting Perio         | d: 2024/2   |                       |                           |                              |                     | F                          | ORM SA1-2E. PAGE 5 |  |
|--------------------------|---|-----------------------|---------------------------|------------------------------|---------------------|----------------------------|--------------------|--|
|                          | LEGAL NAME OF OWNER OF                                      | CABLE SYST            | EM:                       |                              |                     |                            | SYSTEM ID#         |  |
| Name                     | CEQUEL COMMUNICA  | TIONS LL              | .C                        |                              |                     |                            | 000139             |  |
|                          | SUBSTITUTE CARRIAGE   | : SPECIA              |                           | T AND PROGRAM LOG            |                     |                            |                    |  |
| Substitute               |   |                       |                           |                              |                     |                            |                    |  |
| Carriage:                | 1. SPECIAL STATEMENT  | CONCER                | NING SUBSTI               | TUTE CARRIAGE                |                     |                            |                    |  |
| Special<br>Statement and | <ul> <li>During the accounting peri</li> </ul>              | iod, did you          | r cable system            | carry, on a substitute basis | s, any nonnet       | work television prog       | ram                |  |
| Program Log              | broadcast by a distant stat                                 | ion?                  |                           |                              |                     | YES                        | ×NO                |  |
|                          | Note: If your answer is "No.                                | " loovo tho           | roct of this pag          | o blank. If your answor is " |                     |                            | _                  |  |
|                          | <b>Note:</b> If your answer is "No,                         | leave the             | rest of this pag          | e blank. Il your answer is   | res, you mu         | ist complete the proj      | Jian               |  |
|                          | log in block 2.<br>2. LOG OF SUBSTITUTE                     | DROCRA                | Me                        |                              |                     |                            |                    |  |
|                          | In General: List each subst                                 |                       |                           | te line. Use abbreviations v | wherever pos        | sible if their meaning     | a is               |  |
|                          | clear. If you need more space                               |                       |                           |                              |                     |                            | g 13               |  |
|                          |   |                       |                           | sion program ("substitute p  |                     |                            |                    |  |
|                          | period, was broadcast by a                                  |                       |                           |                              |                     |                            |                    |  |
|                          | under certain FCC rules, reg<br>Do not use general categori |                       |                           |                              |                     |                            |                    |  |
|                          | "NBA Basketball: 76ers vs.                                  |                       |                           |                              |                     |                            |                    |  |
|                          |   |                       |                           | "Yes." Otherwise enter "N    |                     |                            |                    |  |
|                          |   | •                     |                           | sting the substitute program |                     |                            | •                  |  |
|                          | the case of Mexican or Can                                  |                       |                           | e community to which the     |                     |                            | IN                 |  |
|                          |   |                       |                           | em carried the substitute p  |                     |                            | nonth              |  |
|                          | first. Example: for May 7 giv                               |                       | , ,                       | ľ                            | 5                   | ,                          |                    |  |
|                          |   |                       |                           | gram was carried by your o   |                     |                            | ately              |  |
|                          | to the nearest five minutes.<br>stated as "6:00–6:30 p.m."  | Example: a            | program carrie            | ed by a system from 6:01:1   | 15 p.m. to 6:2      | 8:30 p.m. should be        |                    |  |
|                          |   | er "R" if the         | listed program            | was substituted for progra   | mming that v        | our system was <i>real</i> | iired              |  |
|                          | to delete under FCC rules a                                 |                       |                           |                              |                     |                            |                    |  |
|                          | was substituted for program                                 | iming that y          | our system wa             | s permitted to delete under  | r FCC rules a       | nd regulations in          |                    |  |
|                          | effect on October 19, 1976.                                 |                       |                           |                              |                     |                            |                    |  |
|                          |   |                       |                           |                              | WHE                 | N SUBSTITUTE               |                    |  |
|                          | S   | UBSTITUT              | E PROGRAM                 |                              |                     | AGE OCCURRED               | 7. REASON FOR      |  |
|                          | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION        | 5. MONTH<br>AND DAY | 6. TIMES                   | DELETION           |  |
|                          |   |                       |                           |                              |                     |                            |                    |  |
|                          |   |                       |                           |                              |                     |                            |                    |  |
|                          |   |                       |                           |                              |                     | _                          |                    |  |
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| Accounting Period:                        | 2024/2   | FORM SA                        | 1-2E. PAGE 6.             |
|---|--|--------------------------------|---------------------------|
| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CEQUEL COMMUNICATIONS LLC  | S                              | YSTEM ID#<br>000139       |
| K<br>Gross Receipts                       | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts. | nission service<br>Imount, see | 5,100.06<br>sss receipts) |
| L<br>Copyright<br>Royalty Fee             | <ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>                               | 263,800.                       |                           |
|   | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS   |                                |                           |
|   | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.  | his six-month                  |                           |
|   | Line 1. Royalty fee for accounting period  | \$                             | 52.00                     |
|   | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8   |                                | 0.00                      |
|   | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2   | \$                             | 52.00                     |
|   | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1  | 00)                            |                           |
|   | 1. Base amount under statutory formula         \$ 263,800.00   |                                |                           |
|   | 2. Enter amount of gross receipts from space K   |                                |                           |
|   | 3. Subtract line 2 from line 1   |                                |                           |
|   | Enter the amount of gross receipts from space K  |                                |                           |
|   | 5. Enter the amount from line 3  |                                |                           |
|   |  |                                |                           |
|   | 6. Subtract line 5 from line 4   |                                |                           |
|   | 7. Multiply line 6 by .005 (enter figure here)   |                                | <u> </u>                  |
|   | 8. Interest charge. Enter the amount from line 4, space Q, page 8  |                                | 0.00                      |
|   | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  |                                |                           |
|   | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)   | 600)                           |                           |
|   | 1. Enter the amount of gross receipts from space K   |                                |                           |
|   | 2. Base amount under statutory formula \$ 263,800.00   |                                |                           |
|   | 3. Subtract line 2 from line 1   |                                |                           |
|   | 4. Multiply line 3 by .01  |                                |                           |
|   | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  | 1,319.00                       |                           |
|   | 6. Interest charge. Enter the amount from line 4, space Q, page 8  |                                |                           |
|   | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  |                                |                           |
|   | FILING FEE AND TOTAL REMITTANCE DUE  |                                |                           |
|   |  |                                |                           |
| Filing Fee and<br>Total Remittance<br>Due | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)  | 52.00                          |                           |
| Due                                       | 2. Filing Fee (See the instructions for more information on filing fee calculations)   | 15.00                          |                           |
|   | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3   | \$                             | 67.00                     |
|   | EFT Trace # or TRANSACTION ID #  |                                |                           |
|   | Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m  |                                |                           |

| Accounting Period:                 | 2024/2   |   |   |  | FORM SA1-2E. PAGE 7. |
|------------------------------------|--|---|---|--|----------------------|
| Name                               |  | OWNER OF CABLE SYSTEM:<br>MMUNICATIONS LLC  |   |  | SYSTEM ID#<br>000139 |
| M<br>Channels                      | to its subscrit<br>1. Enter the tr<br>system car<br>2. Enter the tr<br>on which th | ers, and (2) the cable system's to<br>tal number of channels on which<br>ried television broadcast stations<br>otal number of activated channels<br>the cable system carried television | 5   | e accounting period.                     | 10<br>58             |
| N<br>Individual to<br>Be Contacted |  | TO BE CONTACTED IF FURTH  | ER INFORMATION IS NEEDED (Identify an nt.)  | n individual                             |                      |
| for Further<br>Information         | Name   | RODNEY HASKINS  |   | Telephone (903) 5                        | 79-3152              |
|                                    | Address  | 3027 S SE LOOP 323<br>(Number, street, rural route, apartme<br>TYLER, TX 75701  | ent, or suite number)   |  |                      |
|                                    | Email  | (City, town, state, zip)  | INS@ALTICEUSA.COM   | Fax (optional                            |                      |
|                                    | CERTIFICATIO   | <b>I</b> (This statement of account mus   | st be certified and signed in accordance with   | h Copyright Office regulations)          |                      |
| O<br>Certification                 |  | ned, hereby certify that (Check one   | e, <i>but only one</i> , of the boxes.)<br><b>rtnership)</b> I am the owner of the cable systen   | n as identified in line 1 of space B; or |                      |
|                                    |  | in line 1 of space B and that the   | ion or partnership) I am the duly authorized<br>owner is not a corporation or partnership; or   |  |                      |
|                                    | <ul> <li>I have examinare true, complexity</li> </ul>                              | in line 1 of space B.   | a corporation) or a partner (if a partnership) o<br>ereby declare under penalty of law that all stat<br>knowledge, information, and belief, and are n | tements of fact contained herein         | System               |
|                                    |  |   | X /s/ Alan Dannenbaum   |  |                      |
|                                    |  | Typed or printed r  | name: ALAN DANNENBAUM   |  |                      |
|                                    |  | -   | SVP, PROGRAMMING<br>of official position held in corporation or partnership;  | )  |                      |
|                                    |  | Date:   |   | 2/28/2025                                |                      |

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 filing, a determination that would be made by a court of law.

| EQUEL COMMUNICATIONS LLC       00011         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:       Image: Communication of the satellite dism subscribers and the gross amounts paid to the cable system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."       P         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.       Special Statement communication of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below.       Image: Communication of the cable system exclude any amounts of gross receipts for secondary transmissions       Image: Communication of the cable system exclude any amounts of gross receipts for secondary transmissions       Image: Communication of the cable system exclude any amounts of gross receipts for secondary transmissions       Image: Communication of the cable system exclude any amounts of gross receipts for secondary transmissions       Image: Communication of the cable system exclude any amounts of gross receipts for secondary transmissions       Image: Communication of the cable system exclude any amounts of gross receipts for secondary transmissions       Image: Communication of the general instructions       Image: Communication of the general material ma   | unting Period: 2024/2   | FORM SA1-2E. PAGE  |
|--|---|--|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Salelilie Home Viewer Act of 1988 amended Tile 17, section 111(0)(1)(A). of the Copyright Act by adding the following areance. The Salelilie Home Viewer Act of 1988 amended Tile 17, section 111(0)(1)(A). of the Copyright Act by adding the following areance. The Salelilie Home Viewer Act of 1988 amended Tile 17, section 111(0)(1)(A). of the Copyright Act by adding the following areance. The Salelilie Home Viewer Act of 1988 amended Tile 17, section 111(0)(1)(A). of the Copyright Act by adding the following areance. The Salelilie Home Viewer Act of 1988 amended Tile 17, section 111(0)(1)(A). The order information on when to exclude these amounts, see the note on page (vii) of the general instructions coated in the paper SA1-2 form. The salelilie carriers to satellite dath owners?  The There the total here and list the satellite carrier(s) below. The main address  The amount of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The address  The amount of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment. The a Multipy line 2 by the number of days late and enter the sum here   | AL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID  |
| The Stateline Home Vewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>wing sentence. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>sorbiers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.*<br>For more information on when to exclude these amounts, see the note on page (wii) of the general instructions<br>cocated in the pager SA1-2 form.<br>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions<br>made by satellite canters to satellite dish owners?<br>Wing Moto<br>YES. Enter the total here and list the satellite carrie(s) below.<br><b>STETEREST ASSESSMENT</b><br>Wurne torongleat this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>En a numet complete this worksheet for these royalty payments submitted as a result of a late payment or underpayment.<br>En a 1 Enter the amount of late payment or underpayment.<br>En a 2 Multiply line 1 by the interest rate' and enter the sum here  | QUEL COMMUNICATIONS LLC   | 00013  |
| Name       Name         Malling Address       Name         Malling Address       Malling Address         INTEREST ASSESSMENT       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 located in the paper SA1-2 form.       Interest Assessment.         Line 1 Enter the amount of late payment or underpayment   | <ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>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?</li> </ul> | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| Name       Name         Malling Address       Name         Malling Address       Malling Address         INTEREST ASSESSMENT       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 located in the paper SA1-2 form.       Interest Assessment.         Line 1 Enter the amount of late payment or underpayment   | YES. Enter the total here and list the satellite carrier(s) below   |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of |   |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of |   |  |
| Line 1       Example       x         Line 2       Multiply line 1 by the interest rate* and enter the sum here   |   | 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   | Interest Assessmen   |
| Line 3       Multiply line 2 by the number of days late and enter the sum here   | x   |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | Line 2 Multiply line 1 by the interest rate* and enter the sum here   |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | x   |  |
| x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here<br>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6   |   |  |
| in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6   |   |  |
| (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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner         Address         ID number         First community served   | Line 4 Multiply line 3 by 0.00274** and enter here  |  |
| 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |   |  |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please<br>list below the owner, address, first community served, ID number, and accounting period as given in the original filing.   | * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please   |  |
| list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served  | ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |  |
| Address ID number First community served   |   |  |
| ID number<br>First community served  | Owner   |  |
| First community served   | Address   |  |
| First community served   | ID number   |  |
|  |   |  |
|  |   |  |

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| C                                   | Cable<br>Worksheet | Total amount of remittance    |  |                        |  |  |  |
|-------------------------------------|--------------------|-------------------------------|--|------------------------|--|--|--|
|                                     |                    | Date of remittance            | Check  EFT                               | □ FILING FEES          |  |  |  |
| Cable ID #                          |                    |                               |  | Amount Initials        |  |  |  |
| Examined by                         | Reviewed by        | Date examination<br>completed | Allocation number                        |                        |  |  |  |
| Space A<br>Accounting               |                    | (enter four digit year and    | /1 (for Jan-Jun period) or /2 (for Jul-I | Dec period) No spaces) |  |  |  |
| Period                              | □ Letter sent      |                               | Information received                     |                        |  |  |  |
|                                     |                    |                               | Phone call/Date/Contact                  |                        |  |  |  |
| Space B<br>Owner                    |                    |                               |  |                        |  |  |  |
|                                     | Letter sent        |                               | Information received                     |                        |  |  |  |
|                                     |                    | Phone call/Date/Contact       |  |                        |  |  |  |
| Space D<br>Area Served              |                    |                               |  |                        |  |  |  |
|                                     | Letter sent        |                               | Information received                     |                        |  |  |  |
|                                     | □ Accepted         |                               | Phone call/Date/Contact                  |                        |  |  |  |
| Space E<br>Secondary<br>Transission |                    |                               |  |                        |  |  |  |
| Service<br>Subscribers:             | Letter sent        |                               | Information received                     |                        |  |  |  |
| and Rates                           |                    |                               | Phone call/Date/Contact                  |                        |  |  |  |
| Space G<br>Primary<br>Transmitters: |                    |                               |  |                        |  |  |  |
| Television                          | □ Letter sent      | C                             | Information received                     |                        |  |  |  |
|                                     |                    | E                             | ] Phone call/Date/Contact                |                        |  |  |  |
| Space H<br>Primary<br>Transmitters: |                    |                               |  |                        |  |  |  |
| Radio                               | Accepted           | C                             | ] Phone call/Date/Contact                |                        |  |  |  |

|                         |                            | Carriage                                       |
|-------------------------|----------------------------|--|
| Letter sent             | □ Information received     |  |
| □ Accepted              | Phone call/Date/Contact    |  |
|                         |                            | Space J<br>Part-time<br>Carriage Log           |
| □ Letter sent           | □ Information received     | (SA3 only)                                     |
| Accepted                | Phone call/Date/Contact    |  |
|                         |                            | Space K<br>Gross Receipts                      |
| Letter sent             | □ Information received     |  |
| □ Accepted              | Phone call/Date/Contact    |  |
|                         |                            | Space L<br>Copyright Filing<br>and Royalty Fee |
| □ Royalty Fee should be | □ Refund request to fiscal |  |
| Letter sent             | □ Information received     |  |
| Accepted                | Phoe call/Date/Contact     |  |
|                         |                            | Space M<br>Channels                            |
| □ Letter sent           | Information received       |  |
| Accepted                | Phone call/Date/Contact    |  |
|                         |                            | Space O<br>Certification                       |
| Letter sent             | □ Information received     |  |
| Accepted                | Phone call/Date/Contact    |  |
|                         |                            | Space P<br>Statement of<br>Gross Receipts      |
| Letter sent             | □ Information received     |  |
| □ Accepted              | Phone call/Date/Contact    |  |
|                         |                            | Space Q<br>Interest<br>Assessment              |
|                         |                            |  |
| Letter sent             | Info/add'l fee received    |  |