This form is effective beginning with the January 1 to June 30, 2017, accounting period (201	17/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u></u> <u>coplicsoa@copyright.gov</u>
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.	2-28-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A ACCOUNTING PERIOD COVERE	ED BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	D242 Barcode Data Filing Period (optional	- see instructions)	
Instructions: Give the full legal name of the owner	of the cable system. If the owner is a subsidia	ary of another corporation, give the full corpora	te title of the

В		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.						
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.	015293					
		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 (Number, street, rural route, apartment, or suite number)						
		TYLER, TX 75701						
		(City, town, state, zip)						
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlest already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space in space b.						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
	I	PURCELL, OK						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or sulte 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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0152
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discre s a form of system identification hereafter known as the "firs
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	ne parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	PURCELL	OK
Community	BLANCHARD	ОК
	CLEVELAND COUNTY	OK
Rows as Necessary	LEXINGTON	OK
	MAYSVILLE	OK
	MCCLAIN COUNTY(PORTION)	OK
	NOBLE	ОК
	WAYNE	
	VVATNE	ОК

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							A1-2E. PAGI		
Name									01529		
Е	SECONDARY TRANSMISSION		-		-						
	In General: The information in s system, that is, the retransmission										
Secondary	about other services (including p										
Transmission	last day of the accounting period	June 30 or De	ecember 3	1, as the case	may be)).		0			
Service: Sub-	Number of Subscribers: Both										
scribers and Rates	down by categories of secondary each category by counting the nu	,		0 / 1							
Rates	separately for the particular serv							nargeo			
	Rate: Give the standard rate c							e and the			
	unit in which it is generally billed.				standaro	d rate variations	within a pa	articular rate			
	category, but do not include disc										
	Block 1: In the left-hand block systems most commonly provide			•							
	that applies to your system. Note	: Where an inc	lividual or	organization is	receivir	nd service that fa	alls under o	different			
	categories, that person or entity			-		-					
	subscriber who pays extra for ca					in the count unc	er "Servic	e to the			
	first set" and would be counted o										
	Block 2: If your cable system I printed in block 1 (for example, ti	•									
	with the number of subscribers a										
	sufficient.										
	BL	OCK 1 NO. OF					BLOC	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	 Service to first set 		295	50.00							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		38	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC				4 4			41 4			
F	In General: Space F calls for rat not covered in space E, that is, t										
-	service for a single fee. There ar										
Services	furnished at cost or (2) services	or facilities furn	ished to n	onsubscribers.	Rate in	formation should	l include b	oth the			
Other Than	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,										
Secondary ransmissions:	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										
1011311113310113.	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										
Rates	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a										
Rates	-	separate charge	brief (two- or three-word) description and include the rate for each.								
Rates	listed in block 1 and for which a s		e the rate								
Rates	listed in block 1 and for which a s							BLOCK 2			
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ BLO	CK 1 CATEGO	for each. RY OF SERVIO	CE	RATE	CATEG	BLOCK 2 ORY OF SERVIC	E RATI		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOC	CK 1 CATEGO Installatio	for each. RY OF SERVIO on: Non-reside	CE		CATEG		ERAT		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	btion and includ BLOC RATE 17.00	CK 1 CATEGO Installatio	for each. RY OF SERVIG on: Non-reside hotel	CE		CATEG		E RAT		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC	CK 1 CATEGO Installatio • Motel • Comm	for each. RY OF SERVIG on: Non-reside hotel hercial	CE		CATEG		E RAT		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOC RATE 17.00	CK 1 CATEGO Installatio • Motel • Comn • Pay c	for each. RY OF SERVIG on: Non-reside hotel hercial able	CE ential		CATEG		E RATI		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	btion and includ BLOC RATE 17.00	CK 1 CATEGO Installatio • Motel • Comn • Pay c • Pay c	for each. RY OF SERVIG on: Non-reside hotel hercial able able-add'l char	CE ential		CATEG		ERATI		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE 17.00 19.00	CK 1 CATEGO Installatio • Motel • Comn • Pay c • Pay c • Fire p	for each. RY OF SERVIG on: Non-reside hotel hercial able able-add'l char rotection	CE ential		CATEG		ERAT		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	500 and includ BLO0 RATE 17.00 19.00 99.00	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla	for each. RY OF SERVIG on: Non-reside hotel hercial able able-add'l char rotection ir protection	CE ential		CATEG		ERAT		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	500 and includ BLO0 RATE 17.00 19.00 99.00	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set	for each. RY OF SERVIO nor: Non-reside hotel hercial able able-add'I char rotection ir protection vices:	CE ential	RATE	CATEG		ERAT		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	500 and includ BLO0 RATE 17.00 19.00 99.00	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set • Record	for each. RY OF SERVIG on: Non-reside hotel hercial able able-add'I char rotection ir protection vices: inect	CE ential		CATEG		ERAT		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	500 and includ BLO0 RATE 17.00 19.00 99.00	CK 1 CATEGO Installation • Motel. • Comm • Pay c • Pay c • Fire p • Burgla Other set • Recon • Disco	for each. RY OF SERVIG on: Non-reside hotel hercial able able-add'l char rotection ur protection vices: unect nnect	CE ential	RATE	CATEG		E RAT		
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	500 and includ BLO0 RATE 17.00 19.00 99.00	CK 1 CATEGO Installation • Motel. • Comm • Pay c • Pay c • Fire p • Burgla Other set • Recon • Disco	for each. RY OF SERVIG on: Non-reside hotel hercial able able-add'I char rotection ir protection vices: inect	CE ential	RATE	CATEG		ERAT		

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	ATIONS LLC		015					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the location	also in space I, if the station was carried I on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	1) stations carried only on a part-tic carriage of certain network progra e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub- special Statement and Program both on a substitute basis and also epage (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educatio ions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAUT-1	43	1	OKLAHOMA CITY, OK					
	KAUT-2	43.2	I-M	OKLAHOMA CITY, OK					
ld Rows as Necessary	KAUT-HD1	43	I-M	OKLAHOMA CITY, OK					
	KETA-1	13	Е	OKLAHOMA CITY, OK					
	KETA-2	13.2	E-M	OKLAHOMA CITY, OK					
	KETA-HD1	13	E-M	OKLAHOMA CITY, OK					
	KFOR-1	4	N	OKLAHOMA CITY, OK					
	KFOR-2	4.2	I-M	OKLAHOMA CITY, OK					
	KFOR-HD1	4	N-M	OKLAHOMA CITY, OK					
	KOCB-1	34	I	OKLAHOMA CITY, OK					
	KOCB-2	34.2	I-M	OKLAHOMA CITY, OK					
	КОСВ-3	34.3	I-M	OKLAHOMA CITY, OK					
	KOCB-HD1	34	I-M	OKLAHOMA CITY, OK					
	KOCM-1	46	<u> </u>	NORMAN, OK					
	KOCO-1	5	N	OKLAHOMA CITY, OK					
	KOCO-2	5.2	I-M	OKLAHOMA CITY, OK					
	KOCO-HD1	5	N-M	OKLAHOMA CITY, OK					
	KOKH-1	25	<u> </u>	OKLAHOMA CITY, OK					
	KOKH-2	25.2	I-M	OKLAHOMA CITY, OK					
	KOKH-HD1	25	I-M	OKLAHOMA CITY, OK					
	KOPX-1	62	<u>I</u>	OKLAHOMA CITY, OK					
			I-M	OKLAHOMA CITY, OK					
	KOPX-HD1	62	1-141						
	KOPX-HD1 KSBI-1	52	<u> </u>	OKLAHOMA CITY, OK					
	KOPX-HD1 KSBI-1 KSBI-HD1	52 52	I I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK					
	KOPX-HD1 KSBI-1	52	<u> </u>	OKLAHOMA CITY, OK					

counting Period:	2024/2			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	CATIONS LLC		0152					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary	Ű	(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a							
Transmitters:		as explained in the next paragraph.							
Television		s: With respect to any distant stations ca ules, regulations, or authorizations:	rried by your cable system on a su	ubstitute program					
		e in space G—but do list it in space I (the	e Special Statement and Program	Log)—if the					
	station was carried only or								
		also in space I, if the station was carried on concerning substitute basis stations, s							
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream								
	"WETA-2" as the same on the form.								
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.								
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.								
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
	FCC. For Mexican or Cana	idian stations, if any, give the name of th	e community with which the statior	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KTUZ-HD1	30	I-M	SHAWNEE, OK					
	KWTV-1	9	N	OKLAHOMA CITY, OK					
	KWTV-2	9.2	I-M	OKLAHOMA CITY, OK					
	KWTV-HD1	9	N-M	OKLAHOMA CITY, OK					

EGAL NAME O									SYSTEM I 0152
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					ied on an	н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	i it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio state this by placing Sive the statior	y the syst be receivent t the Cop sign of e he statio ion's sign g a check n's locatio	H-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the byright Office regulations on t each station carried. In is AM or FM. That was electronically process is mark in the "S/D" column. On (the community to which the the community with which the	at sy thi se he	the system's hea rstem's FM anter s point, see page d by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
				-					
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				-					

Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					015293
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi	fy every non	network televis	<i>ion program</i> , broadcast by a	a <i>distant</i> statio	on, that you	r cable syster	n carried on a
Substitute	substitute basis during the ac explanation of the programm	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute bas	is, any nonne	etwork telev	<u>visio</u> n progra	<u>m</u>
Statement and Program Log	broadcast by a distant stati	on?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this pac	e blank. If your answer is	"Yes." vou m	ust comple		-
	log in block 2.				,		to the progre	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever po	ssible, if the	eir meaning	is
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") th	at during t	ho accountin	a
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	gramming of	of another sta	ation
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gen	eral instruction	ons for furth	her information	on.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific prograr	n titles, for ex	kample, "I L	_ove Lucy" o	r
			dcast live, ente	r "Yes." Otherwise enter "N	No."			
				asting the substitute progra				
	the case of Mexican or Can			ne community to which the			ne FCC or, in	
				tem carried the substitute			, with the mo	onth
	first. Example: for May 7 giv							
	to the nearest five minutes.	es when the	e substitute pro	gram was carried by your	cable system	. List the til 28:30 n m	mes accurate	ely
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.	20.00 p.m.	Should be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.					and rogalat		
					WHE	N SUBST	ITUTE	
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то	
							_	
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Accounting Period:	2024/2 FORM SA:	-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY CEQUEL COMMUNICATIONS LLC	STEM ID# 015293
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	541.54 s receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800. • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	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 this six-month accounting period is \$52.00.	
	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 \$137,100)	
	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	
	4. 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)	
	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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2024/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CA CEQUEL COMMUNICATION			SYSTEM ID# 015293
M Channels	 to its subscribers, and (2) the 1. Enter the total number of cl system carried television bi 2. Enter the total number of a on which the cable system 	cable system's total nu hannels on which the ca roadcast stations ctivated channels carried television broad		31
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this stat		FORMATION IS NEEDED (Identify an individual	
for Further Information	Name RODNEY	HASKINS	Tele;	ohone (903) 579-3152
			suite number)	
	Email R	ODNEY.HASKINS@	ALTICEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certif (Owner other than can be in line 1 of spanning to the statement) X (Officer or partner) in line 1 of spanning to the statement 	fy that (Check one, <i>but or</i> orporation or partnersh er than corporation or p ice B and that the owner i I am an officer (if a corpo ice B. of account and hereby de to the best of my knowled	ertified and signed in accordance with Copyright Office regula nly one, of the boxes.) (ip) I am the owner of the cable system as identified in line 1 of space (caption) I am the duly authorized agent of the owner of the captures is not a corporation or partnership; or (ration) or a partner (if a partnership) of the legal entity identified as eclare under penalty of law that all statements of fact contained he dge, information, and belief, and are made in good faith.	ace B; or ble system as identified s owner of the cable system
			/s/ Alan Dannenbaum n electronic signature on the line above to certify this statement. ignature using an "/s/ signature" (e.g., /s/ John Smith)	_
	т	yped or printed name:	ALAN DANNENBAUM	
	т		PROGRAMMING al position held in corporation or partnership)	
	D	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.

unting Period: 2024/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
UEL COMMUNICATIONS LLC	01529
 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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* 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.	1
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.	
** 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	

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Cable ID # Amount Examined by Reviewed by Date examination completed Allocation number Space A Accounting Period Letter sent L	C	Cable Worksheet	Total amount of remittance	Number of SAs re	ec'd Initials	
Examined by Reviewed by Date examination completed Allocation number Space A Accounting Period			Date of remittance	Check EFT	FILING FEES	
Examined by Reviewed by completed Allocation number Space A Accounting Period	e ID #				Amount Initials	
Accounting Period Letter sent Accepted Accepted Accepted Letter sent Accepted Phone call/Date/Contact Space B Letter sent Letter sent Accepted Phone call/Date/Contact Space C Secondary Transission Service Letter sent Accepted Accepted Phone call/Date/Contact Space G Primary Transmitters: Television Transmitters: Primary Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted Acce	nined by	Reviewed by		Allocation number		
Period Letter sent Information received Space B Phone call/Date/Contact Owner Letter sent Information received Space E Letter sent Subscribers: Letter sent Letter sent Information received Subscribers: Letter sent and Rates Accepted Primary Accepted		(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)				
Space B Information received Image: Letter sent Information received Image: Letter sent Phone call/Date/Contact Space D Image: Letter sent Image: Letter sent Information received Image: Letter sent Image: Letter sent Image: Letter sent Image: Letter sent Image: Letter sent Image: Letter sent Space E Secondary Service Image: Letter sent Subscribers: Image: Letter sent and Rates Accepted Space G Primary Transmitters: Transmitters: Transmitters: Transmitters:	-	Letter sent Information received				
Owner		Accepted		Phone call/Date/Contact		
Image: Space D Area Served Image: Letter sent						
Space D Area Served Letter sent Letter se		Letter sent Information received				
Area Served		Accepted		Phone call/Date/Contact		
Space E Secondary Transission Service Subscribers: and Rates Accepted Phone call/Date/Contact Phone call/Date/Contact Space G Primary Transmitters: Television						
Space E Secondary Transission Service Subscribers: and Rates Accepted Information received Matter Sent Phone call/Date/Contact Space G Primary Transmitters:		Letter sent		Information received		
Secondary Transission Service Subscribers: and Rates Accepted Information received Phone call/Date/Contact Space G Primary Transmitters: Television Televi		Accepted		Phone call/Date/Contact		
Subscribers: Information received and Rates Accepted Phone call/Date/Contact Space G Primary Transmitters: Television	ondary					
and Rates Accepted Phone call/Date/Contact Space G Primary Transmitters: Television		Letter sent		Information received		
Primary Transmitters:		Accepted	[Phone call/Date/Contact		
Television Information received	nary Ismitters:					
	vision	Letter sent	[Information received		
Accepted Phone call/Date/Contact		Accepted	[Phone call/Date/Contact		
Space H Primary Transmitters:	nary					
Radio Accepted Phone call/Date/Contact	io	Accepted	[Phone call/Date/Contact		

Space I Substitute Carriage

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