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

STATEMENT OF ACCOUNT	FOR COPYRIC	FOR COPYRIGHT OFFICE USE ONLY					
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>				
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 COVEREI	D BY THIS STATEMENT: (YY	 YY/(Period))					

<i>.</i>													
		2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31											
		20242 Barcode Data Filing Period (optional - see instructions)											
Accounting													
Period													
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.											
Owner													
		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.	035125										
		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)											
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space											
System	1	IDENTIFICATION OF CABLE SYSTEM:											
		GAINESVILLE, TX											
		MAILING ADDRESS OF CABLE SYSTEM:											
	2	(Number, street, rural route, apartment, or suite number)											
		(City, town, state, zip code)											
		[Unit, Unit, Julio, 29 0000]											

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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#					
Name							
	CEQUEL COMMUNICATIONS LLC	035125					
D	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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification.						
Area Served	city.						
	CITY OR TOWN	STATE					
First	GAINESVILLE	TX					
Community							
	OAK RIDGE WHITESBORO	тх тх					
Add Rows as Necessary	GRAYSON COUNTY						
	SADLER	TX					
	UADEEN						

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICATIONS LLC												
Е	SECONDARY TRANSMISSION												
L	In General: The information in s system, that is, the retransmission			-									
Secondary	about other services (including p												
Fransmission	last day of the accounting period	(June 30 or De	ecember	31, as the cas	se may be).		-					
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken												
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).												
		separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	0	· ·	,		ny standaro	d rate variations	within a pa	articular rate					
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable												
	systems most commonly provide												
	that applies to your system. Note												
	categories, that person or entity	should be coun	ted as a	subscriber in	each appli	icable category.	Example:	a residential					
	subscriber who pays extra for ca					in the count und	er "Servic	e to the					
	first set" and would be counted once again under "Service to additional set(s)."												
	Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together												
	with the number of subscribers a												
	sufficient.												
	BLO	DCK 1					BLOC		-				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT				
	Residential:												
	Service to first set	1	1,172	50.00									
	 Service to additional set(s) 												
	• FM radio (if separate rate)												
	Motel, hotel				••••••								
	Commercial		82	45.95									
	Converter												
	Residential												
	Non-residential												
									1				
	SERVICES OTHER THAN SEC In General: Space F calls for rat					l vour cable syst	em's servi	ces that were					
F	not covered in space E, that is, t												
	service for a single fee. There are												
Services	furnished at cost or (2) services												
Other Than	amount of the charge and the un		usually b	illed. If any rat	tes are cha	arged on a varia	ble per-pro	ogram 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.												
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not												
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a												
	brief (two- or three-word) descrip												
		BLOO	CK 1					BLOCK 2					
	CATEGORY OF SERVICE	RATE	CATEG	DRY OF SERV	VICE	RATE	CATEG	ORY OF SERVICE	RAT				
	Continuing Services:		Installat	ion: Non-resi	idential								
		17.00		el, hotel									
	• Pay cable			mercial									
	• Pay cable—add'l channel	19.00											
	Pay cable—add'l channel Fire protection	19.00	• Pay										
	 Pay cable—add'l channel Fire protection Burglar protection 	19.00	• Pay	cable-add'l ch	annel								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire	cable-add'l ch protection	annel								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	99.00	• Pay • Fire • Burg	cable-add'l ch protection lar protection	annel								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	99.00	• Pay • Fire • Burg Other se	cable-add'l ch protection lar protection ervices:	annel								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.00	• Pay • Fire • Burg Other se	cable-add'l ch protection lar protection	annel	40.00							
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	99.00	• Pay • Fire • Burg Other so • Reco	cable-add'l ch protection lar protection ervices:	annel	40.00							
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.00	• Pay • Fire • Burg Other so • Reco • Disc	cable-add'l ch protection lar protection ervices: onnect	annel	40.00							

Nomo	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE						
Name	CEQUEL COMMUNIC	ATIONS LLC		03						
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable syster FCC rules and regulations i	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part- e carriage of certain network progr	time basis under rams [sections						
Primary Transmitters: Television	substitute program basis, a	 e)(2) and (4), or 76.63 (referring to 76.67 s explained in the next paragraph. With respect to any distant stations ca 								
		lles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis.	e Special Statement and Program	Log)—if the						
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruc	ctions.						
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the	-air designation. For example, rep	port multistream						
	Column 2: Give the channel of license. For example, Wi	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s	Ŭ	2						
	educational station, by ente	ring the letter "N" (for network), "N-M" (f	or network multicast), "I" (for indep	pendent), "I-M"						
	· · · · · · · · · · · · · · · · · · ·	"E" (for noncommercial educational), o rms, see page (iv) of the general instru		tional multicast).						
	Column 4: Give the locatio	n of each station. For U.S. stations, list	the community to which the statior	3						
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	e community with which the station	n is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KAZD-1 KDAF-1	<u>55</u> 33	I	LAKE DALLAS, TX DALLAS, TX						
			I-M							
d Rows as Necessary	KDAF-2	33.2		DALLAS, TX						
	KDAF-3	33.3	I-M	DALLAS, TX						
	KDAF-HD1	33	I-M	DALLAS, TX						
	KDFI-1	27	I	DALLAS, TX						
	KDFI-2	27.2	I-M	DALLAS, TX						
	KDFI-3	27.3	I-M	DALLAS, TX						
	KDFI-HD1	27	I-M	DALLAS, TX						
	KDFW-1	4	<u> </u>	DALLAS, TX						
	KDFW-HD1	4	I-M	DALLAS, TX						
	KDTN-1	2	E	DENTON, TX						
	KDTN-HD1	2	E-M	DENTON, TX						
	KDTX-1	58	I	DALLAS, TX						
	KERA-1	13	E	DALLAS, TX						
	KERA-3	13.3	E-M	DALLAS, TX						
	KERA-4	13.4	E-M	DALLAS, TX						
	KERA-HD1	13	E-M	DALLAS, TX						
	KFAA-1	29	<u> </u>	DECATUR, TX						
	KFAA-HD1	29	I-M	DECATUR, TX						
	KFWD-1	52	I	FORT WORTH, TX						
	KFWD-HD1	52	I-M	FORT WORTH, TX						
	KPXD-1	68	I	ARLINGTON, TX						
	KPXD-HD1	68	I-M	ARLINGTON, TX						
		·								

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM 035							
Name	CEQUEL COMMUNICATIONS LLC										
	PRIMARY TRANSMITTERS: TELEVISION										
G		entify every television station (including t m during the accounting period, <i>except</i>									
•	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network progra	ams [sections							
Primary Fransmitters:		e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain stat	ions carried on a							
Television	Substitute Basis Stations	: With respect to any distant stations ca	rried by your cable system on a sub	ostitute program							
		ules, regulations, or authorizations: re in space G—but do list it in space I (th	e Special Statement and Program I	Log)—if the							
	station was carried only or	n a substitute basis. also in space I, if the station was carried	both on a substitute basis and also	on some other							
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instruct	ions.							
		n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the	-	-							
	"WETA-2" as the same on	the form.									
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community							
	Column 3: Indicate in each	h case whether the station is a network s									
	(for independent multicast)	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or	"E-M" (for noncommercial education								
		erms, see page (iv) of the general instruction of each station. For U.S. stations, list		is licensed by the							
			•	5							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.										
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KSTR-HD1	49	I-M	IRVING, TX							
	KTEN-1	10	N	ADA, OK							
	KTEN-2	10.2	I-M	ADA, OK							
	KTEN-3	10.3	N-M	ADA, OK							
	KTEN-HD1	10	N-M	ADA, OK							
	KTEN-HD3	10.3	N-M	ADA, OK							
	KTVT-1	11	Ν	FORT WORTH, TX							
	KTVT-2	11.2	I-M	FORT WORTH, TX							
	KTVT-3	11.3	I-M	FORT WORTH, TX							
	KTVT-HD1	11	N-M	FORT WORTH, TX							
	KTXA-1	21	I	FORT WORTH, TX							
	KTXA-HD1	21	I-M	FORT WORTH, TX							
	KTXD-1	47	1	GREENVILLE, TX							
	KTXD-HD1	47	I-M	GREENVILLE, TX							
	KUVN-1	23	1	GARLAND, TX							
	KUVN-HD1	23	і І-М	GARLAND, TX							
	KXAS-1	5	N	FORT WORTH, TX							
	KXAS-2	5.2	I-M	FORT WORTH, TX							
	KXAS-3	5.3	I-M	FORT WORTH, TX							
	KXAS-HD1	5	N-M	FORT WORTH, TX							
	KXII-1	12	N	SHERMAN, TX							
	KXII-2	12.2	I-M	SHERMAN, TX							
	KXII-3	12.3	I-M	SHERMAN, TX							
	KXII-HD1	12	N-M	SHERMAN, TX							

	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM I					
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS	: TELEVISION							
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <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 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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 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 station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. 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 noncommercial educational multicast). "F" (for independent multicast). "F" (for independent multicast). "F" (for independent multicast). "F" (for independent multicast). 								
	(for independent multicas For the meaning of these	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	or network multicast), "I" (for indep "E-M" (for noncommercial educa tions in the paper SA1-2 form.	pendent), "I-M" ational multicast).					
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio e community with which the statio	pendent), "I-M" ational multicast). on is licensed by the on is identified.					
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc ion of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION					
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio e community with which the statio	pendent), "I-M" ational multicast). on is licensed by the on is identified.					
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc ion of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio e community with which the statio	pendent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION					
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN KXTX-1	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 39	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station community with which the station 3. TYPE OF STATION	pendent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION DALLAS, TX					
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN KXTX-1 KXTX-2	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 39 39.2	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station community with which the station 3. TYPE OF STATION I I-M	pendent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION DALLAS, TX DALLAS, TX					
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN KXTX-1 KXTX-2 KXTX-HD1	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 39 39.2 39	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station community with which the station 3. TYPE OF STATION I I-M I-M	pendent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION DALLAS, TX DALLAS, TX DALLAS, TX					
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN KXTX-1 KXTX-2 KXTX-HD1 WFAA-1	tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 39 39.2 8	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station community with which the station 3. TYPE OF STATION I I-M I-M N	pendent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX					

CEQUEL CO	OWNER OF O								SYSTEM 035	
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an Ill-band basis whose signals were generally receivable by your cable system during the accounting period.										
 Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. baser SA1-2 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is identified). 										
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
		0,0					2,2			
				F						
				-						
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Accounting Perio	d: 2024/2						FORM	VI SA1-2E. PAGE 5					
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#					
Name	CEQUEL COMMUNICA	TIONS LL	.C					035125					
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG									
	In General: In space I, identit	fy every non	network televisi	on program, broadcast by a	a <i>distant</i> statio	on, that your cab	le system	carried on a					
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.												
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special	 During the accounting peri 				s. anv nonne	twork television	program	ı					
Statement and Program Log	broadcast by a distant stat	-	,				YES	×NO					
Fiogram Log	,												
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Lise abbreviations wherever possible, if their meaning is												
		In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.											
				sion program ("substitute p									
	period, was broadcast by a under certain FCC rules, reg												
	Do not use general categori							1.					
	"NBA Basketball: 76ers vs.	Bulls."											
				"Yes." Otherwise enter "N									
				sting the substitute progra e community to which the		ansed by the EC	Corin						
	the case of Mexican or Can						001, 11						
	Column 5: Give the mon	th and day		em carried the substitute p			the mon	ith					
	first. Example: for May 7 giv					1 :	1 - 1	h					
	to the nearest five minutes.			gram was carried by your o				У					
	stated as "6:00–6:30 p.m."	Example. a	program carrie		10 p.m. to 0.2	20.00 p.m. 3100							
				was substituted for progra									
	to delete under FCC rules a							am					
	was substituted for program effect on October 19, 1976.	inning that y	our system wa	s permitted to delete unde	I FCC Tules a	and regulations	111						
								1					
						EN SUBSTITU							
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIME		7. REASON FOR DELETION					
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO						
						<u>_</u>							
						<u></u>							
						<u> </u>							
						<u> </u>							
						<u> </u>							
						<u> </u>							
						<u></u>							
						<u> </u>							
						<u>_</u>							
					I L	_							

Accounting Period:	2024/2			FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Naille	CEQUEL COMMUNICATIONS LLC				035125
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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	system's s ion of how t	econdary transm o compute this a	nission service amount, see \$ 40	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in) but less th information	an \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00.			his six-month	
	Line 1. Royalty fee for accounting period	•••••			
	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 li	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but m	ore 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				
	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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	408,723.38		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	144,923.38		
	4. Multiply line 3 by .01		. \$	1,449.23	
	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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	4, 5, and 6 .		\$	2,768.23
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		. \$	2,768.23	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations))	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,788.23
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2024/2						FORM SA1-2E. PAG	ε7.
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC					SYSTEM I 0351	
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	ers, and (2) the cable system's tal number of channels on whi ied television broadcast station tal number of activated channe e cable system carried televisio	s total nun ch the ca ns els on broado		ring the acc	ounting period.	57 562]
N Individual to		O BE CONTACTED IF FURT t about this statement of acco		ORMATION IS NEEDED (Ider	ntify an indi	vidual		
Be Contacted for Further Information	Name	RODNEY HASKINS				Telephone	903) 579-3152	
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		uite number)				
	Email	RODNEY.HAS	KINS@A	ALTICEUSA.COM		Fax (optional		ļ
0	CERTIFICATION	I (This statement of account m	nust be ce	ertified and signed in accordance	ce with Cop	oyright Office regulations)		
Certification		ed, hereby certify that (Check c		<i>nly one</i> , of the boxes.) ip) I am the owner of the cable :	system as i	dentified in line 1 of space B;	or	
	(Ager			partnership) I am the duly authors not a corporation or partnersh		of the owner of the cable sy	stem as identified	
		in line 1 of space B.		ration) or a partner (if a partners			r of the cable system	
	are true, compl		-	dge, information, and belief, and				
				/s/ Alan Dannenbaum electronic signature on the line a gnature using an "/s/ signature" (6	above to cer			
		Typed or printed	d name:	ALAN DANNENBAUI	M			
		Title:		PROGRAMMING al position held in corporation or partr	nership)			
		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.

ccounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	035125
 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 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
(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	
ID number	
First community served	
First community served	

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.

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

		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 Fee
□ 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	