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

SA1-2E Short Form

		OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	8/27/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 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.
		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.
	x	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
		3015 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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: ROXBURY CORRECTIONAL
		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 Offce 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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	0
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN	CTATE
First	(ROXBURY CORRECTIONAL)	STATE MD
Community	HAGERSTOWN	MD
Add Rows as Necessary		
	านแสวงการการการการการการการการการการการการการก	

	Τ							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	TEM ID
	CEQUEL COMMUNICAT	IONS LLC							
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
<u> </u>	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ng on the	
Service: Sub-	Number of Subscribers: Both						le svstem.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny standa		, within a p		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categor					
	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 of								
	Block 2: If your cable system	has rate catego	ries for	secondary trai	nsmission				
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	BL				BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	00000000			0,111			000001100	
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		95	42.53					
	Converter								
	Residential								
	Non-residential								
		r	I		-				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					ll vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, the		,		•				
	service for a single fee. There ar				•		• • • •		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are ch	larged on a varia	able per-pro	ogram basis,	
Fransmissions:	Block 1: Give the standard rat		ne cable	e system for ea	ich of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	your cable sys	tem fur	nished or offer	ed during f	the accounting p	eriod that v		
	listed in block 1 and for which a	1 0			shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) description and include the rate for each.								
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			BORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	Idential				
	• Pay cable	-		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	iannei				
	Installation: Residential			e protection					
	• First set	-		glar protection					
	Additional set(s)	-		services:					
	• FM radio (if separate rate)			connect		-			
	Converter			connect					
				tlet relocation ve to new addr		-			

g Period:				FORM SA1-2E. PA
me	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	CEQUEL COMMUNIC	ATIONS LLC		
	PRIMARY TRANSMITTERS:	TELEVISION		
}		ntify every television station (including		
		m during the accounting period, except		
ry		n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76.		
rs:	substitute program basis, a	s explained in the next paragraph.		
n		With respect to any distant stations	carried by your cable system on a su	ıbstitute program
		lles, regulations, or authorizations: e in space G—but do list it in space I ((the Special Statement and Program	log) if the
	station was carried only on		(the Special Statement and Frogram	
	-	also in space I, if the station was carri	ed both on a substitute basis and als	so on some other
	basis. For further information	n concerning substitute basis stations	s, see page (v) of the general instruc	tions.
		n's call sign. <i>Do not</i> report origination I with a station according to its over-th		
	"WETA-2" as the same on t			
		el number the FCC assigned to the te		r the air in its community
		RC is channel 4 in Washington, D.C.		
		case whether the station is a network ring the letter "N" (for network), "N-M"		
		"E" (for noncommercial educational),		
	For the meaning of these te	rms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, lis		
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDCW-1	50	I	WASHINGTON, DC
	WDVM-1	25	I	HAGERSTOWN, MD
sary	WJLA-1	7	N	WASHINGTON DC
	WRC-1	4	N	WASHINGTON, DC
	WTTG-1	5	1	WASHINGTON DC
	WUSA-1	9	N	WASHINGTON DC

EGAL NAME OF								SYSTEM
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					0
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion that your c	ahle syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	ı
Statement and	broadcast by a distant sta	-					YES	X NO
Program Log	, , , , , , , , , , , , , , , , , , ,						_	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete th	ie progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. Lice abbroviations	whorovor pos	sible if their m	ooning is	
	In General: List each subst clear. If you need more spa				wherever pos		leaning is	
				sion program ("substitute	program") tha	t, during the a	ccounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of an	other stat	ion
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further in	nformation	1.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			lcast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice	nsed by the FO	CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, witl	h the mon	ith
	first. Example: for May 7 giv		aubatituta pro	gram was carried by your	able avetem	List the times	acouratel	h.,
	to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."		i program oann		10 p.m. to 0.2	0.00 p.m. 0.00		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	in	
	eneci on October 19, 1970.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCUR	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMI FROM —	ES TO	DELETION
							-	
						_		
						_		
						_		

Accounting Period:	2019/1 FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	STEM ID# 0
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.	360.00 receipts)
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 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-mon accounting period is \$52.00 Line 1. Royalty fee for accounting period	52.00
		0.00
	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	
	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)	
	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) \$ 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 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:	2019/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE					SYSTEM ID#
M Channels	 to its subscribers, and Enter the total numbry system carried television Enter the total numbry on which the cable system 	(2) the cable system's ber of channels on whic sion broadcast stations ber of activated channel ystem carried television	total number ch the cable s els n broadcast si	n which the cable system carried television bro of activated channels during the accounting per ations	riod.	6 37
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accou		IATION IS NEEDED (Identify an individual to w	hom	
for Further Information	Name SA	RAH BOGUE			Telephone (903	3) 579-3121
	(Num TYI	15 S SE LOOP 323 ber, street, rural route, apar LER, TX 75701 town, state, zip)		umber)		
	Email	SARAH.BOGU	JE@ALTICE	USA.COM Fax (optic	onal)	
O Certification	I, the undersigned, her (Owner othe	eby certify that (Check o	one, <i>but only o</i> partnership) l	am the owner of the cable system as identified in	line 1 of space B; or	
	In line 1 (Officer or p in line 1	of space B and that the c coartner) I am an officer (of space B. tatement of account and correct to the best of my	owner is not a (if a corporatio d hereby declar	ership) I am the duly authorized agent of the owr corporation or partnership; or n) or a partner (if a partnership) of the legal entity e under penalty of law that all statements of fact o nformation, and belief, and are made in good faith	identified as owner of th contained herein	
			Enter an ele	s/ Alan Dannenbaum ctronic signature on the line above to certify this st ure using an "/s/ signature" (e.g., /s/ John Smith)	atement.	
		Typed or printed				
		Title: (Title of i Date:		OGRAMMING neld in corporation or partnership) 08/18/	/2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	-
 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 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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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