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

STATEME	INT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	-
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	02/28/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optiona	II - see instructions)	
B Owner	of the subsidiary, not that of the parent co List any other name or names under which	rporation. the owner conducts the business of t accounting period, only the owner on e payment covering the entire accoun	the last day of the accounting period should st ting period.	
	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 nu	imber)		
	TYLER, TX 75701 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busine		5	5
System	names already appear in space B. In line 2 IDENTIFICATION OF CABLE SYSTEM:		e system, il difierent from the address	given in space b.
	¹ HAWKINS, TX			
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite nu	imber)		
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	CEQUEL COMMUNICATIONS LLC	0245
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
	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 know
	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 hor	me narks should be reported in parentheses below the
Area		ne parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
		STATE
First	HAWKINS	ТХ
Community	BIG SANDY	ТХ
	GLADEWATER	ТХ
d Rows as Necessary	GREGG COUNTY(PORTION)	ТХ
	OWENTOWN	ТХ
	SMITH COUNTY(PORTION)	тх
	WINONA	тх
	WOOD COUNTY(PORTION)	тх

								-	-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
	CEQUEL COMMUNICAT	IONS LLC							02455
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES				
E	In General: The information in s			-		•			
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Both	`				,	ble system	n, broken	
scribers and	down by categories of secondary	, y transmission	service.	In general, you	can com	pute the number	er of subso	cribers in	
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate c							rae and the	
	unit in which it is generally billed								
	category, but do not include disc				ly standa		o within a		
	Block 1: In the left-hand block				es of sec	ondary transmis	ssion servi	ice that cable	
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	0							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descript	ion of the	service is	
		DCK 1					BLOC	< 2	
		NO. OF		DATE	04.75			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Service to first set		208	34.99					
	Service to additional set(s)		200	07.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		23	34.99					
	Converter			0-1100					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;				
F	In General: Space F calls for rat	te (not subscri	ber) info	rmation with res	pect to a	Il your cable sy	stem's ser	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				0		5 ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip		-		neu. List	lilese olilei sei		e ionn or a	
								BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resid					
	• Pay cable	19.00	• Mot	el, hotel					
	• Pay cable—add'l channel			nmercial					
	Fire protection			cable					h
	•Burglar protection		,	cable-add'l cha	annel				
	Installation: Residential		,	protection					
	• First set	99.00		glar protection					
	 Additional set(s) 	25.00		ervices:					
	• FM radio (if separate rate)			connect		40.00			
	• Converter		• Disc	connect					
				let relocation		25.00			
			• Mov	/e to new addre	SS	99.00			

counting Period: 2	2019/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID# 024555					
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ransmitters: 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 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								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KERA-1	13	E	DALLAS, TX					
	KETK-1	56	N	JACKSONVILLE, TX					
vs as Necessary	KFXK-1	51	I	LONGVIEW, TX					
	KLTV-1	7	Ν	TYLER, TX					
	KTPN-1	47	I	TYLER, TX					
	KXAS-1	5	Ν	FORT WORTH, TX					
	КҮТХ-1	19	Ν	NACOGDOCHES, TX					
	KYTX-2	19.2	I-M	NACOGDOCHES, TX					
	КҮТХ-3	19.3	I-M	NACOGDOCHES, TX					

	OWNER OF C							SYSTEM 024
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM anten his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions 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	
ON LE CION		0/D		OF ILLE OTOTA		C/D		

Accounting Perio	od: 2019/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS L	LC					024555
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO)G			
I I	In General: In space I, ident	-	-			tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of t	the general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting pe 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any noni	network te	evision prog	ram
Statement and Program Log	broadcast by a distant sta						YES	× NO
Trogram Log	-		a reat of this no	an blank If your analyses	a "Vaa" vau	nuct comm	-	
	Note: If your answer is "No log in block 2.	, leave the	e rest or triis pa	age blank. If your answer is	s res, your	nusi comp	nete the prog	jrani
	2. LOG OF SUBSTITUT	E PROGR	AMS					
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Cal							
	Column 5: Give the mo	nth and day		stem carried the substitute			lls, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system nom 0.0	1. 15 p.m. to c	.20.30 p.n		
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for program	-	your system w	as permitted to delete und	der FCC rules	and regu	lations in	
	effect on October 19, 1976	-						
				N SUBST				
			E PROGRAM		5. MONTH	AGE OCO		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							—	
							_	
							_	
							_	
					· · · · · · · · · · · · · · · · · · ·	·····		
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2019/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC CEQUEL COMMUNICATIONS LLC 02455
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 c 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, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,60(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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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)
	BLOCK 2. GROSS RECEIPTS OF \$205,000 OK LESS (but fibre trialit \$137,100) 1. Base amount under statutory formula
	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
	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
Filles Fee and	
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:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 024555
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	9 52
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name RODNEY HASKINS	(903) 579-3152
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified wner of the cable system
	Image: A state of the stat	

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AL NAME OF OW	2019/2	FORM SA1-2E. PAGE
	/NER OF CABLE SYSTEM:	SYSTEM ID
	IUNICATIONS LLC	02455
The Satellite H lowing senten "In dete service scribers	ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST		
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter	the amount of late payment or underpayment	Interest Assessmen
Line 2 Multip	ly line 1 by the interest rate* and enter the sum here	
	ly line 1 by the interest rate* and enter the sum here	
Line 3 Multip	x days ly line 2 by the number of days late and enter the sum here	
Line 3 Multip Line 4 Multip in space * To view t contact t	x	
Line 3 Multip Line 4 Multip in space * To view t contact t ** This is th	xdays ly line 2 by the number of days late and enter the sum here	
Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you	x	
Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you	xdays ly line 2 by the number of days late and enter the sum here	

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