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

STATEM	=NT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:									
-		ansmissions by	DATE RECEIVED	AMOUNT									
Cable Syste					<u>coplicsoa@copyright.gov</u>								
General instru			02/28/2020	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150								
in the first tab	of this	workbook		ALLOCATION NUMBER									
Α													
~	ACCO	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))											
			l										
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31									
		20192	Barcode Data Filing Period (optiona	I - see instructions)									
Accounting													
Period													
		Instructions:											
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title								
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.									
		If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should su	ıbmit a								
		Check here if this is the system's first filing			027673								
			. In not, enter the system s ib 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	un b = a)										
		(Number, street, rural route, apartment, or suite nu TYLER, TX 75701	iniber)										
		(City, town, state, zip)											
С				ntify the business and operation of the e system, if different from the address									
System	1	IDENTIFICATION OF CABLE SYSTEM:											
		CALDWELL, TX											
		MAILING ADDRESS OF CABLE SYSTEM:											
	2	2 (Number, street, rural route, apartment, or suite number)											
		(City, town, state, zip code)											
·													
-				e personally identifying information (PII) reques trace an individual, such as name, address and									

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
Name	CEQUEL COMMUNICATIONS LLC	02767
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter know ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	CALDWELL	TX
Community		
Id Rows as Necessary		
		······································

								-	-2E. PAGE			
Name	LEGAL NAME OF OWNER OF C/	SYSTEM ID										
	CEQUEL COMMUNICAT			02767								
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES							
E	In General: The information in s			-		•						
<b>.</b> .	system, that is, the retransmission											
Secondary Transmission	about other services (including plast day of the accounting period						those exis	ting on the				
Service: Sub-	Number of Subscribers: Both	•				,	ble systen	n, broken				
scribers and	down by categories of secondar	, y transmission	service.	In general, you	i can con	pute the number	er of subso	cribers 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). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	unit in which it is generally billed											
	category, but do not include disc				ry 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 cable service to additional sets would be included in the count under "Service 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 and rates, in the right-hand block. A two- or three-word description of the service is											
	sufficient.	and rates, in th	e right-n	and block. A tw	o- or thre	e-wora descript	ion of the	service is				
		DCK 1					BLOC	٢2				
		NO. OF		DATE	CAT			NO. OF				
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Service to first set		183	34.99								
	Service to additional set(s)			04.00								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		18	34.99								
	Converter			0-1100								
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	5							
F	In General: Space F calls for ra	te (not subscril	ber) info	rmation with res	spect to a	Il your cable sys	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		0				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.											
								BLOCK 2				
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			tion: Non-resi								
	• Pay cable	19.00	• Mot	el, hotel								
	• Pay cable—add'l channel	19.00		nmercial								
	Fire protection			cable								
	•Burglar protection		-	cable-add'l cha	annel							
	Installation: Residential		-	protection								
	• First set	99.00		glar protection								
	<ul> <li>Additional set(s)</li> </ul>	25.00		ervices:								
	• FM radio (if separate rate)			onnect		40.00						
	• Converter		• Disc	connect								
				let relocation		25.00						
							h					
			• Mov	ve to new addre	SS	99.00						

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 027673						
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									
		ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o								
	(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. <b>Column 4:</b> 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 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						
	KAGS-1	23	N -	BRYAN, TX						
	KAMU-1	15	E	COLLEGE STATION, TX						
Rows as Necessary	KBTX-1	3	N	BRYAN, TX						
	KBTX-2	3.2	I-M	BRYAN, TX						
	KRHD-1	40	N-M	BRYAN, TX						
	KTBC-1	7	<b> </b>	AUSTIN, TX						
	KWKT-1	44	<b>I</b>	WACO, TX						
	KYLE-1	28	<b>I</b>	BRYAN, TX						

LEGAL NAME OF								SYSTEM 027
	every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	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 t each station carried. on is AM or FM. hal was electronically processed (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				F		t		

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	ATIONS L	LC					027673			
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G						
I I	In General: In space I, ident	-	-			tion that w	our cable eve	tem carried on a			
-	substitute basis during the a										
Substitute	explanation of the programn	•••		•							
Carriage:	1. SPECIAL STATEMEN	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	<ul> <li>During the accounting per</li> </ul>	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant sta		-		·		YES	× NO			
Trogram Log	-				. "\/"		-				
	<b>Note:</b> If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s res, your	nust comp	plete the prog	gram			
	log in block 2. 2. LOG OF SUBSTITUT	E PROGR	AMS								
	In General: List each subs				s wherever p	ossible, if t	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							
				asting the substitute prog the community to which th		concod by	the ECC or	in			
	the case of Mexican or Car										
	Column 5: Give the more	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 o	.20.30 p.n					
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	iired			
	to delete under FCC rules	and regulat	tions in effect d	luring the accounting perio	od; enter the l	etter "P" if	the listed pr				
	was substituted for program	-	your system w	as permitted to delete und	ler FCC rules	and regul	lations in				
	effect on October 19, 1976	•									
						N SUBST					
			E PROGRAM	1	5. MONTH 6. TIMES			7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_ _				

Accounting Period:	<b>2019/2</b> FORM SA1-2E.	PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE CEQUEL COMMUNICATIONS LLC 02	EM ID# 27673						
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 from 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	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	00 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							
	7. Multiply line 6 by .005 (enter figure here)	.00						
	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)         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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)       \$ 52.00         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# 027673
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 .	8 59
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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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</li> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia are 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)]</li> </ul>	system as identified wner of the cable system
	X       /s/ Alan Dannenbaum         Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING         Title of official position held in corporation or partnership)         Date:       02/18/2020	

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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	02767
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 fol- lowing 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 sub- scribers 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	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     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.	Q
Line 1 Enter the amount of late payment or underpayment	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.	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
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	
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	

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