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	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT			
Cable Syste				\$	For additional information,		
General instru	ictions	are located	02/28/2020		contact the U.S. Copyright Office Licensing Division at:		
in the first tab of this workbook				ALLOCATION NUMBER	Tel: (202) 707-8150		
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))			
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		20192	Barcode Data Filing Period (optiona	al - see instructions)			
Accounting Period							
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	orporate title		
Owner		List any other name or names under which		the cable system.			
		If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should ting period.	submit a		
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	004319		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		CEQUEL COMMUNICATIONS LLC					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Γ)			
		SUDDENLINK COMMUNICATIONS					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite no	mber)				
		TYLER, TX 75701 (City, town, state, zip)					
<u> </u>	INST	•	ess or trade names used to ide	ntify the business and operation of the	e system unless these		
С	name		2, give the mailing address of th	e system, if different from the addres	s given in space B.		
System	1	IDENTIFICATION OF CABLE SYSTEM: BRECKENRIDGE, TX					
		MAILING ADDRESS OF CABLE SYSTEM	:				
	2	Number, street, rural route, apartment, or suite nu	mber)				
		(City, town, state, zip code)					
-				he personally identifying information (PII) requer r trace an individual, such as name, address a			

rorm in order to process your statement of account. PII is any personal information that can be used to identify of 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.

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	004319						
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single,						
	as the "first community." Please use it as the first community on all future filin	ngs.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
_		STATE						
First Community	BRECKENRIDGE							
ows as Necessary								

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C/		SYSTEM ID 00431								
	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	I 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 systen	n, broken			
scribers and	down by categories of secondar	,		0 / 1		•					
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). Rate: 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. (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. Not							0,			
	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 a										
	sufficient.	,	5								
	BLC				BLOC		1				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		778	34.99							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		33	34.99							
	Converter										
	Residential										
	Non-residential										
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable sv	stem's ser	vices that were			
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission										
	service for a single fee. There an		,		0		0 (/			
Services	furnished at cost or (2) services										
Other Than Secondary	amount of the charge and the ur		usually	billed. If any ra	tes are cr	harged on a vari	able per-p	brogram basis,			
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) description and include the rate for each.										
		BLO						BLOCK 2	•		
	CATEGORY OF SERVICE	RATE		ORY OF SER\		RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			tion: Non-resi	dential						
	• Pay cable	19.00		el, hotel							
	Pay cable—add'l channel	19.00		nmercial							
	Fire protection		-	cable	opp -l						
	•Burglar protection		-	cable-add'l cha	annei						
	Installation: Residential	00.00		protection							
	First set Additional set(s)	99.00 25.00		glar protection							
	 Additional set(s) FM radio (if separate rate) 	25.00		onnect		40.00					
	• Converter			connect		40.00					
	Convene			et relocation		25.00					
			Oul			20.00					
				ve to new addre	see	99.00					

Marma	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYST				
Name	CEQUEL COMMUNI	CATIONS LLC		0				
	PRIMARY TRANSMITTERS	: TELEVISION	-					
G Primary ansmitters: elevision	 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 terms, see page (v) of the general instructions in the paper SA1-2 form. Colu							
	1. CALL SIGN	4. LOCATION OF STATION						
	KERA-1	13	E	DALLAS, TX				
	KERA-HD1	13	E-M	DALLAS, TX				
ows as Necessary	KIDZ-1	42	I	ABILENE, TX				
	KPCB-1	17	I	SNYDER, TX				
	KRBC-1	9	N	ABILENE, TX				
	KRBC-HD1	9	N-M	ABILENE, TX				
	KTAB-1	32	N	ABILENE, TX				
	KTAB-2	32.2	I-M	ABILENE, TX				
	KTAB-3	32.3	I-M	ABILENE, TX				
	KTAB-HD1	32	N-M	ABILENE, TX				
	KTXS-1	12	N	SWEETWATER, TX				
				SWEETWATER, TX				
	KTYS-2	12.2	1-171					
	KTXS-2 KTXS-3	12.2	I-M I-M					
	KTXS-3	12.3	I-M	SWEETWATER, TX				
	KTXS-3 KTXS-4	12.3 12.4	I-M I-M	SWEETWATER, TX SWEETWATER, TX				
	KTXS-3 KTXS-4 KTXS-HD1	12.3 12.4 12	I-M I-M N-M	SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX				
	KTXS-3 KTXS-4 KTXS-HD1 KXTX-1	12.3 12.4 12 39	I-M I-M N-M I	SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX DALLAS, TX				
	KTXS-3 KTXS-4 KTXS-HD1 KXTX-1 KXVA-1	12.3 12.4 12 39 15	I-M I-M N-M I I	SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX DALLAS, TX ABILENE, TX				
	KTXS-3 KTXS-4 KTXS-HD1 KXTX-1	12.3 12.4 12 39	I-M I-M N-M I	SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX DALLAS, TX				
	KTXS-3 KTXS-4 KTXS-HD1 KXTX-1 KXVA-1	12.3 12.4 12 39 15	I-M I-M N-M I I	SWEETWATER, TX SWEETWATER, TX SWEETWATER, TX DALLAS, TX ABILENE, TX				

LEGAL NAME OF								SYSTEM 0043
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eccivable 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 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. nal 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 ante his point, see par 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	

Accounting Peric							FORM	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	ATIONS L	LC					004319		
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G					
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system 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 in	the paper S	A1-2 form.		
Carriage: Special	1. SPECIAL STATEMEN	-								
Statement and	 During the accounting per 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network tele	vision prog			
Program Log	broadcast by a distant sta	tion?					YES	× NO		
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comple	ete the prog	gram		
	log in block 2. 2. LOG OF SUBSTITUT									
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if th	eir meaning	a is		
	clear. If you need more spa							gie		
				vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general catego									
	"NBA Basketball: 76ers vs.	Bulls."				• •	,			
	1 0		,	er "Yes." Otherwise enter						
				casting the substitute prog the community to which th		censed by t	he FCC or.	in		
	the case of Mexican or Car	nadian stat	ions, if any, the	e community with which th	e station is id	entified).				
			y when your sy	stem carried the substitute	e program. U	se numerals	s, with the n	nonth		
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m list the t	imes accura	atelv		
	to the nearest five minutes									
	stated as "6:00–6:30 p.m."	"D" :(II			·			·		
	to delete under FCC rules			n was substituted for prog luring the accounting perio						
	was substituted for program							ogram		
	effect on October 19, 1976									
	S	UBSTITUI	E PROGRAM	1		N SUBSTIT AGE OCCL		7. REASON FOR		
	1. TITLE OF PROGRAM		3. STATION'S	4. STATION'S LOCATION	5. MONTH		IMES — TO	DELETION		
		Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAY	FROM -	— то			
						[_]				
						-				
							_			

Accounting Period:	2019/2	FORM SA	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 004319					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se	5,267.74					
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 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	263,80(
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period	is six-month						
	Line 3. TOTAL POYALTY FEE PAYARI E FOR ACCOUNTING REPION. Add lines 1 and 2		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	-						
	1. Base amount under statutory formula \$ 263,800.00	0)						
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1 \$ 68,532.26							
		95,267.74						
		68,532.26						
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)		633.68					
	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		633.68					
	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	0.00						
	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)	633.68						
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	\$	653.68					
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more							

Accounting Period	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004319
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 on which the cable system carried television broadcast stations and nonbroadcast services	18 280
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 X (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 herei 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)] 	system as identified vner of the cable system
	X /s/ Alan Dannenbaum Enter 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00431
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
News	-
Name Name Mailing Address Mailing Address	n
	n n
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
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 \$	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	а а а а
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	· · · · · · · · · · · · · · · · · · ·

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