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		OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT	-		
Cable Syste	-	•			coplicsoa@copyright.gov		
General instru		,		\$	For additional information, contact the U.S. Copyright		
in the first tab			02/28/2020	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150		
	or the	Workbook			-		
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y	YYY/(Period))			
			1				
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
			1				
		20192	Barcode Data Filing Period (optiona	I - see instructions)			
Accounting							
Period							
		Instructions:	e cable system. If the owner is a subs	idiary of another corporation, give the full co	rporate title		
B		of the subsidiary, not that of the parent co			porate the		
Owner		List any other name or names under which	n the owner conducts the business of t	he cable system.			
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should s ting period.	submit a		
		Check here if this is the system's first filing			061704		
		check here in this is the system's inst hing	. If 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 (Number, street, rural route, apartment, or suite n	umber)				
		TYLER, TX 75701					
		(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:					
		WAYMART STATE CORRE	CTIONAL INSTITUTION				
		MAILING ADDRESS OF CABLE SYSTEM	:				
	2	(Number, street, rural route, apartment, or suite n	umber)				
		(City, town, state, zip code)					
		(Uny, rown, state, zip code)					
Privacy Act Notic	e: Sectio	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this		
forma in ander to an				trace an individual such as name, address at			

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#
Name	CEQUEL COMMUNICATIONS LLC	061704
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filir	ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or me identified city.	obile home parks should be reported in parentheses below the
First	CITY OR TOWN WAYMART	PA
Community	(WAYMART SCI)	
dd Rows as Necessary		

	1								1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	CEQUEL COMMUNICAT	TIONS LLC							06170
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	BERS AND RA	TES				
E	In General: The information in s								
Cocondom	system, that is, the retransmission about other services (including provide the services)								
Secondary Transmission	last day of the accounting period	<i>,</i> , ,			,		lnose exis	ling on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	y transmission	service.	In general, you	u can con	npute the numbe	er of subso	ribers in	
Rates	each category by counting the n			0,0		•		s charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed								
	category, but do not include disc				,			•	
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide 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 ngnt-na	and Diock. A lw	o- or the	ee-word descript	ion of the	Service is	
	BLC	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		183	42.53					
	Converter								
	Residential								
	Non-residential								
					_				
	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sve	stom's son	vices 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 Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually I	oilled. If any ra	tes are cl	harged on a vari	able per-p	rogram basis,	
Fransmissions:	Block 1: Give the standard rat		the cable	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	t your cable sy	stem furr	ished or offere	ed during	the accounting	period that		
	listed in block 1 and for which a		,		shed. List	t these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	ption and inclue	de the ra	e for each.			1		
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE	RATE			-	RATE	CATEG	ORY OF SERVICE	E RATE
	Continuing Services:			ion: Non-resi	dential				
	• Pay cable	-		el, hotel mercial					
	 Pay cable—add'l channel 	-	• Pay						
	• Fire protection		-		annol				
	Fire protection Burglar protection		- Fav	cable-add'l cha	ailliel				
	•Burglar protection		-	protoction					
	•Burglar protection Installation: Residential		• Fire	protection					
	•Burglar protection Installation: Residential • First set	-	• Fire • Burg	lar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)	-	• Fire • Burg Other s	lar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fire • Burg Other so • Reco	lar protection ervices:					
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Burg Other s • Reco • Disc	lar protection ervices: onnect onnect					
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fire • Burg Other s • Reco • Disc • Outl	lar protection ervices:					

counting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		061704
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (t (1) stations carried only on a part-tin the carriage of certain network program $\delta^1(e)(2)$ and $(4))]; and (2) certain staticarried by your cable system on a sub-the Special Statement and Program L$	me basis under ms [sections ions carried on a stitute program .og)—if the
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	n concerning substitute basis stations n's call sign. <i>Do not</i> report origination with a station according to its over-th he form. al number the FCC assigned to the tel- 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), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE-1	28	N	WILKES BARRE, PA
	WNEP-1	16	N	SCRANTON, PA
ws as Necessary	WOLF-1	56	l	HAZLETON, PA
	WSWB-1	38	l	SCRANTON, PA
	WVIA-1	44	E	SCRANTON, PA
	WYOU-1	22	Ν	SCRANTON, PA
				นการการการการการการการการการการการการการก

EGAL NAME OF								SYSTEM 061
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, 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 vive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s le 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 ertain 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: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061704
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program. broadcast by	v a distant sta	ition. that vo	our cable svs	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa			l rows to the tables. vision program ("substitute	e program") t	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	_		dcast live. ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			ls with the r	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	ried by a system from 6:0"	1:15 p.m. to t	5:28:30 p.m	i. snould be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regul	ations in	
	s		E PROGRAM	1		N SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	T		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							<u> </u>	
							<u> </u>	
							_	
							_	
							<u> </u>	·
							_	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	/STEM ID# 061704
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	mission service amount, se	., 778.01
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.	\$263,80(
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 \$137,1	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 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	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)	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE					SYSTEM ID# 061704
M Channels	 to its subscribers, and 1. Enter the total numl system carried televi 2. Enter the total numl on which the cable s 	(2) the cable system's t ber of channels on which sion broadcast stations ber of activated channel ystem carried television	s	els during the ac	counting period.	6 44
N Individual to Be Contacted	we can contact about	this statement of accour	IER INFORMATION IS NEEDE nt.)	ED (Identify an ind		
for Further Information	Name SA	RAH BOGUE			Telephone	(903) 579-3121
	(Nun TY	15 S SE LOOP 323 nber, street, rural route, apart LER, TX 75701 town, state, zip)				
	Email	SARAH.BOGU	E@ALTICEUSA.COM		Fax (optional)	
O Certification	 I, the undersigned, he (Owner other of or in line 1 X (Officer or in line 1 I have examined the s 	ereby certify that (Check of er than corporation or p wner other than corpor of space B and that the of partner) I am an officer (of space B. statement of account and i correct to the best of my	ust be certified and signed in ac one, <i>but only one</i> , of the boxes.) partnership) I am the owner of th ation or partnership) I am the d owner is not a corporation or part (if a corporation) or a partner (if a hereby declare under penalty of y knowledge, information, and be	he cable system a luly authorized ag tnership; or a partnership) of t f law that all state	as identified in line 1 of space lent of the owner of the cable he legal entity identified as ov ments of fact contained herei	system as identified vner of the cable system
			X /s/ Alan Danner	the line above to		
		Typed or printed Title: (Title of o	d name: ALAN DANNEI SVP, PROGRAMMING	6		
		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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06170
 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 	P Special Statement Concerning Gross Receipts Exclusior
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 Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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 Assessmen
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