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

Return completed workbook

ENT OF		FOR COPYRIG	HT OFFICE USE ONLY	by email to:
-		DATE RECEIVED	AMOUNT	
ems (Sho lictions are	rt Form)	02/28/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
ACCOUN	ITING PERIOD COVERED I	BY THIS STATEMENT:(Y	YYY/(Period))	
201	9/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20192	Barcode Data Filing Period (optiona	I - see instructions)	
Give	e the full legal name of the owner of th		idiary of another corporation, give the full co	orporate title
List a	any other name or names under whicl	h the owner conducts the business of t	he cable system.	
				submit a
Chec	ck here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	062163
LE	GAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
CEC				
		CABLE SYSTEM (IF DIFFERENT)	
sur				
		CABLE SYSTEM		
TY	LER, TX 75701	umber)		
		less or trade names used to ide	ntify the business and operation of th	e system unless these
names alre	eady appear in space B. In line	2, give the mailing address of th	e system, if different from the addres	s given in space B.
1				
	ACCOUN	2019/2 20192 Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co List any other name or names under which If there were different owners during the single statement of account and royalty fe Check here if this is the system's first filing LEGAL NAME OF OWNER/MAILING CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite r TYLER, TX 75701 (City, town, state, zip) INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 1 IDENTIFICATION OF CABLE SYSTEM: HENRY HILL CORRECTION MAILING ADDRESS OF CABLE SYSTEM:	Instructions: O2/28/2020 ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Y) 2019/2 Period 1 = January 1 - June 30 2019/2 Period 1 = January 1 - June 30 2019/2 Barcode Data Filing Period (optiona 2019/2 Barcode Data Filing Period (optiona 2019/2 Deriod 1 = January 1 - June 30 2019/2 Barcode Data Filing Period (optiona Cive the full legal name of the owner of the cable system. If the owner is a subs of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the full settement of account and royalty fee payment covering the entire accound of the cable system's ID number 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 S LOOP 323 (Number, state, tural rouse, spatherent, or suite number) TYLER, TX 75701 (City, town, state, 20) INSTRUCTIONS: In line 1, give any business or trade names used to ide names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In lin	Instructions: Imstructions: Imstructions: Imstructions: Give the full legal name of the owner of the cable system. If the owner of the subsidiary of another corporation, give the full co of the subsidiary, not that of the parent corporation. Imstructions: Give the full legal name of the owner of the cable system. If the owner of the cable system. If the owner of the cable system. If there were different owners during the accounting period. Imstructions: Imstructions: Give the full legal name of the owner of the cable system. If the owner on the last day of the accounting period should single statement of account and royalty fee payment covering the entire accounting period. If there were different owners fulling the accounting period. Imstructions: Instructions: If the owner of could be avent the system's iD number assigned by the Licensing Division. Imstructions: If the owner of could be avent the system's iD number assigned by the Licensing Division. Imstructions: Imstructions: Imstructions: Imstructions:

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	062163
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Area Served	identified city.	· · · · · · · · · · · · · · · · · · ·
	CITY OR TOWN	STATE
First	GALESBURG	IL
Community	(HENRY HILL CORR)	
dd Rows as Necessary		

	Ι							FORM SA	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
	CEQUEL COMMUNICA	TIONS LLC							06216
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	BERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	, , ,						ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n							charged	
	separately for the particular server Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed								
	category, but do not include disc				5				
	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	has rate categ	ories for	secondary tran	smission	service that are	e different f	rom those	
	printed in block 1 (for example, 1								
	with the number of subscribers a sufficient.	and rates, in th	e right-ha	ind block. A tw	o- or thre	e-word descript	ion of the	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCIUD	ENG		CAT		(VICL	SUBSCRIBERS	
	Service to first set		0	_					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)		Ŭ						
	Motel, hotel								
	Commercial		105	42.53					
	Converter								•
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		•	• •			
I.	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha							were not	
Rates	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descri		,						
								BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE		DRY OF SERV	/ICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:			ion: Non-resi	-				
	• Pay cable	-	• Mote	el, hotel					
	• Pay cable—add'l channel	-		mercial					
	Fire protection		• Pay	cable					1
	•Burglar protection		-	cable-add'l cha	annel				
	Installation: Residential		-	protection					
	First set	-		lar protection					
	Additional set(s)	-	Other s	•					
	• FM radio (if separate rate)			onnect		-			
	- (
	Converter		 Disc 	onnect					
	Converter								
	• Converter		• Outle	onnect et relocation e to new addre	ISS				

counting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		062163
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster 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 • List the station here, and a basis. For further informatio 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	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations o's call sign. <i>Do not</i> report origination I with a station according to its over-th	arried by your cable system on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program Land d both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a la (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	evision stations) me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			3. TIPE OF STATION	
	KGCW-1	26	•	
	KLJB-1	18		
ows as Necessary	KQIN-1	36	E	
	KWQC-1	6	N	
	WHBF-1	4	N	ROCK ISLAND, IL
	WQAD-1	8	N	MOLINE, IL

CEQUEL CO	MMUNICA	TIONS	LLC					062
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on 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 abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C stem 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 this 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	?) it can ertain st eneral in 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	
OALL OIGH	ANIOITM	0,0		CALL DION		0,0		

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					062163
	SUBSTITUTE CARRIAG			NT AND PROGRAM I C	G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			isis anv noni	network telev	ision nroa	ram
Statement and		-		in ourry, on a substitute be	loio, any nom			
Program Log	broadcast by a distant sta	uon?					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 comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir 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 categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oonood by th	e ECC er	in
	the case of Mexican or Car							
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syster	n was <i>rea</i> u	uired
	to delete under FCC rules							
	was substituted for program							-9.5
	effect on October 19, 1976							
	e		E PROGRAM	A		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							-	
							-	
						_	-	
							-	
						_	-	
							-	
							-	
						_	_	
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							-	
							-	
1			1	1				1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 062163
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 transmediation 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	,832.00
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 3 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 3 • 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		
	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)		
	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			
Filing Fee and Total Remittance Due	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 OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062163
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	6
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	e (903) 579-3121
	Address Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email SARAH.BOGUE@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 or 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 here 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)] K /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) 	e B; or e system as identified wner of the cable system
	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.

ounting Period: 2019/2	FORM SA1-2E. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0621
 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? 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	
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
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
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